

**EXAMINATION APPLICATION 2019**

**DIPLOMA IN GEMMOLOGY  
GEMMOLOGISTS ASSOCIATION OF SRI LANKA  
(PLEASE WRITE IN BLOCK CAPITALS)**

NAME WITH INITIALS: Rev./Prof./Dr./Mr./Mrs./Miss.....

FULL NAME:.....  
.....

DATE OF BIRTH: YEAR..... MONTH..... DATE.....

NIC NUMBER/PASSPORT NUMBER (For non-residents) :.....

OCCUPATION:.....

MAILING ADDRESS :.....  
.....

PERMANENT ADDRESS (for non-residents):.....  
.....

TEL: ..... MOBILE:.....  
EMAIL:..... WEBSITE: .....

EDUCATIONAL QUALIFICATIONS (attach certified copies)

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PROFESSIONAL MEMBERSHIPS

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.....

Above information are true & correct according to my knowledge

.....  
Date

.....  
Signature of applicant