

# LEARN

## Lanka Education And Research Network

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### Membership Application Form

Name of the Institution	
Address and Contact	
Postal Address	
Telephone/s	
Email	

Nature of establishment (tick the relevant)	
Under the University Act No.16 of 1978	<input type="checkbox"/>
Under a Ministry/State Ministry	<input type="checkbox"/>
Please specify	
Privately owned and recognized under the UGC	<input type="checkbox"/>
Other	<input type="checkbox"/>
Please attach a copy of a document/s (government gazette/act/cabinet paper/etc.) as a proof for your establishment category.	

Contact Personnel: <b>Institutional Head</b>	
Name	
Designation	
Official Address	
Email Address	
Contact Nos. (Mobile/ Office)	

<b>Contact Personnel: Technical Representative / IT Director / Network Manager</b>	
Name	
Designation	
Official Address	
Email Address	
Contact Nos. (Mobile/ Office)	

<b>Contact Personnel: Finance Representative / Bursar</b>	
Name	
Designation	
Official Address	
Email Address	
Contact Nos. (Mobile/ Office)	

<b>Contact Personnel: Administrative Representative / Registrar</b>	
Name	
Designation	
Official Address	
Email Address	
Contact Nos. (Mobile/ Office)	

Signature and the Rubberstamp / Head of the Institution	Date

<b>For Office Use only</b>					
Membership Offered				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, reason					
Full	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Affiliate	<input type="checkbox"/>
Signature of the Consultant/CEO				Date	