

CandleAid Lanka

(Government Approved Charity – Reg.No.GA 201)
21/4, Dharmaratne Avenue, Rawathawatte, Moratuwa 10400, Sri Lanka.
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Website : www.candleaid.org



26 June 2026

Dear Student,

Thank you for your interest in joining the English Programme commencing on **31 August 2026**.

Kindly complete the Enrollment Form provided below, including the Recommendation Section, and submit it via WhatsApp to **074 021 6048** or by email to **ca.coordinatingsecretary@gmail.com** within fourteen (14) days of receiving this document. **Please ensure that your completed application is accompanied by an essay titled “Myself.”**

To be eligible for consideration, applications must be completed in full, include the required recommendation, and be submitted together with the essay.

Yours sincerely,

Capt. Elmo Jayawardena
CandleAid Lanka

English Course Enrollment Form

Personal Information:

1. Full Name:
2. Date of Birth: Age:
3. Gender: Male Female
4. Contact Information:
 - a. Mobile/WhatsApp No:
 - b. Email Address:
 - c. Please provide an additional contact number:Address:
5. Current Occupation: Student Employed

6. If employed, name of Company:
7. Your designation:
8. If undergraduate, tentative date to complete your degree:
9. University:Degree:.....
10. If secondary student, current year of study:
11. If A'Level student, stream of Study: Arts Commerce IT Bio ICT
12. If you are a CandleAid student, please provide the E-number:

Consent & Agreement:

- (a) I hereby certify that the information provided is true and accurate to the best of my knowledge.
- (b) I agree to abide by the rules and regulations of the English Course.

.....

Signature

.....

Date

To be completed by the Person Recommending the Student

I recommend for the CandleAid English Program in good faith, confident that [he/she] will be a committed participant in the course and will do [his/her] utmost to complete the course successfully.

Name:

Occupation/Profession:

Tel. No. WhatsApp/No WhatsApp

Email address (if any):

Signature:

Date: