

CandleAid Lanka

(Government Approved Charity – Reg.No.GA 201)

21/4, Dharmaratne Avenue, Rawathawatte, Moratuwa 10400, Sri Lanka.

Tel: +94 11 2642526 / 0760538844

Email: healthdesk.candleaid@gmail.com

Website : www.candleaid.org



Dear Student,

We appreciate your interest in joining the English Programme commencing in March 2026.

Kindly complete this Enrollment Form and send it via WhatsApp to **074 021 6048** or email it to **ca.coordinatingsecretary@gmail.com**.

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 number, in case there is no response from the above number:
5. Address:
6. Current Occupation: Student Professional
7. Name of University / Company:
8. Tentative date to complete your degree:
9. Field of Study / Occupation:
10. 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

RECOMMENDATION

Please complete the section below, if you have been nominated by a Guarantor:

Name of Guarantor:

Occupation:

Email:

Mobile Number:

I recommend for the CandleAid English Program. As [his/her] [relationship to student e.g. teacher, mentor, employer], I do this 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.

.....
Date

.....
Signature of Guarantor