

**OLD GIRLS ASSOCIATION
SIRIMAVO BANDARANAIKE VIDYALAYA
STANMORE CRESCENT, COLOMBO 7, SRI LANKA TELE : 2582110 FAX : 2581512**

Full Name: _____

Maiden Name: _____

Permanent Address and Telephone No: _____

Date of Birth: _____

Civil Status: _____

Admission No. and Date: _____

Date of Leaving and Class: _____

Occupation
Office Address & Telephone No.

Husband's Occupation
Office Address & Telephone No.

_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the above details are true and correct.

Life Membership Fee: Rs. 5000/= . Please make all cheques payable to the Sirimavo Bandaranaike Vidyalaya Old Girl's Association and cross Account Payee Only.

(Please attach a true copy of a leaving certificate certified by the Principal)

Date

Signature of Applicant

I certify the year in school as correct school admission number.

Date: _____

Hony. Treasurer

Receipt No: _____

Date: _____

Membership No: _____

Secretary (S.B.V.O.G.A)