



# Srilanka

## Chithambara Maths Challenge



சிதம்பரா கணிதப் போட்டி

Fill all fields in BLOCK CAPITALS.

Exam Date: 04.03.2017 Saturday 12:30 pm

Application closing date: 04.02.2017

CANDIDATE SURNAME:

Candidate First Name:

Address:

Post Code:

Candidate Parent/ Guardian\* ( \* delete as required)

Full Name of Parent/ Guardian\*

Email Address:

Home Telephone Number:

Mobile Number:

The year of study:

School.....

language.....

Select ( circle) Exam the Center

Kopai Teachers Training College

Vasavilan MMV

Chithambara College

All the above details are correct.

I hereby accept the terms and conditions for my child to participate the cwn11plus competition.

Parent/ Guardian\* signature

Principal signature.....

Notes:

1. Please bring your child photo ID
2. This application can be handed over at the exam center coordinators or email to: [cwn11plus@yahoo.co.uk](mailto:cwn11plus@yahoo.co.uk)
3. Term and conditions apply. For details, visit [www.cwn11plus.co.uk](http://www.cwn11plus.co.uk)

Postal Address:

Cwn 11 plus committee (Sri Lanka)

No-06, Thiru Lane,

Valvrthithurai.

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Jerome Gunaraj :0771869015