



Registration Form

ISTQB Foundation Level Exam (CTFL)

(Please fill this form in English BLOCK letters)

Exam Date: 1st April 2012

Personal Details

Title: Mr Ms Mrs

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

Personal Email: _____

Contact Number - Mobile: _____ Residence: _____

NIC or Passport Number: _____

(Please bring this with you at the exam for verification)

Company Details

Company Name: _____

Current Designation: _____

Office Phone Number: _____

Office Email: _____

Please note

- **Exam Type/Syllabus:** Certified Tester Foundation Level (CTFL) v2011
- **Exam Language:** Exam is available in English language only
- **Exam Fees:** SL Rs 15,000/= (net)
- **Qualifications for sitting for the CTFL Exam:** No further qualifications needed
- **Payment Method:** Cash only. Payment to be handed over along with this application only

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Date

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Applicant Signature

General Terms

I agree that as a holder of the requested certificate I shall

- a) comply with the relevant provisions of the CERTIFICATION, as stated on the SLSTB website
- b) make claims regarding CERTIFICATION only with respect to the scope for which certification has been granted, as stated on the SLSTB website
- c) not use the CERTIFICATION in such a manner as to bring the BOARD into disrepute, and that I shall not make any statement regarding the CERTIFICATION which the BOARD may consider misleading or unauthorized,
- d) discontinue the use of all claims to certification that contains any reference to the BOARD or certification upon suspension or withdrawal of certification, and to return any certificates issued by the board, and
- e) not use the CERTIFICATE in a misleading manner.

With my application I have also reviewed the examination information posted on the web site at www.sl-stb.org/exam/, providing information on the certification process, the requested qualifications and the General Terms of the Exam Provider. I agree that I am able to follow the process as stated there and that I will notify the exam provider with any possible infringements to this ability, along with this application, to identify remedial arrangements prior to taking the exam.

On request I shall provide further information to prove my qualification to sit the requested exam.

With my registration I consent to the General Terms as stated above.

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Date

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Applicant Signature

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Official Use Only

Criteria	Verified
Amount Paid	Rs
Payment Date	
Location	
Signature for confirm Application Review	

Candidate No: