

Application for establishment of school consumer circles

Name of the School	:.....
Address	:.....
Telephone number	:.....
Education Zone	:.....
Divisional secretariat	:.....
District	:.....
Date	:.....

Office Bearers of School Consumer Circle

A/L-O/L

President:.....
Secretary:.....
Treasurer:.....
Vice President:
Vice Secretary:.....

Committee Members

A/L-O/L

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President

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Secretary

Certified by

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Signature of the Principal/ Teacher