



APPLICATION FORM

Office Use Only

01 Course Title

02 Name of Applicant

03 NIC Number (National Identity Card Number)

04 Date of Birth

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05 Designation

06 Organization

07 Official Address

Tele
Fax

Email

08 Private Address

Tele
Fax

Email

09 How did you get to know about this programme ?
 Website Facebook Bulletin Programme Coordinator
Other :

10 I do hereby certify that the above information is true and correct
Signature : Date :

11 **Payment Confirmation**
A) Head of Department
Mr/Ms is nominated for the training programme on his/her course fee will be/will not be paid by our department.
Signature : Date :
Name/Designation :
B) Paid by
 Cheque Cash Credit Card Receipt Number :
Please attach a copy of the payment receipt to the Application.