

Application for Training

SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION

Please complete the form below for application to scheduled training programme at the SLIDA. Please note fields marked with * are compulsory.

Center Name:

*Course No:

Course Name:

Duration:

*Scheduled Period :

1. *Name in Full : Mr. / Ms.

*Initials:

*Last Name:

2. *Service and Grade and Date of appointment to grade : (e.g. SLAS I,II,III)

4. Designation :

***Essential**

National Identity Card No :

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5. *Organization :

6. *Official Address :

*Tel No. :

*Fax No. :

E-mail :

7. Private Address :

Mobile No :

8. Mention below the details of Training Programmes followed by you at SLIDA during the last 6 months.

Course Title	Dates	
	From	To
i.		
ii.		
iii.		

9. Mention below the details of any other SLIDA Training Programmes that you have simultaneously applied for

Course Title	Dates	
	From	To
i.		
ii.		

I certify that the particulars given by me in this application are correct.

.....
Date

.....
Signature

Manual –

My No.		
Director / SLIDA		
I am nominating Mr./Ms. to participate in the above mentioned training programme.		
He / She will be released to follow the course if selected.		
.....
Signature (Head of the Organization)	Designation	Date
Important: The application should reach the Registrar, SLIDA, 28/10, Malalasekera Mawatha, Colombo 07, two weeks prior to the closing date. Please prepare your own application according to the above format.		