

Application for Training

SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION

Part I

1. Course Title :	2.Course No.	3.Language Preferred (Pl. tick (√))
4. Name in Full: Mr. / Ms.		Sinhala
5. National Identity Card No :		Tamil
6. Service and Grade and Date of appointment to the Grade : (e.g. SLAS I,II,III)		English
7. Designation :		
8. Organization :		
9. Official Address :	Tel No. : Fax No : E-mail :	
10. Private Address :	Tel No : Mobile No: E-mail :	
11. Are you exempted from the Course Fee? (Please tick "√")	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. your preferred delivery mode (Please tick "√")	Physical <input type="checkbox"/>	online <input type="checkbox"/>

Part II

Director General/ SLIDA

I hereby nominate 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. Please prepare your own application according to the above format.