



## SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION (SLIDA)

<b>For Office Use</b>		<b>Application No:</b>
<b>Workshop on Business Writing</b>		<b>Course No: SC 302</b>
<b>1. Name with Initials</b>	Rev. / Mr. / Ms.	
<b>2. Name in Full : (Block Letters)</b>		
<b>3. National Identity Card No :</b>		
<b>3. Designation</b>		
<b>4. Service Category :</b>	Staff Grade <input type="checkbox"/>	
	Non Staff Grade <input type="checkbox"/>	
<b>5. Organization :</b>		
<b>6. Official Address :</b>		<b>Tele No :</b> <b>Fax No :</b>
<b>7. Private Address :</b>		<b>Tele No :</b> <b>Mobile No :</b> <b>Email Address :</b>
<b>8. Are you exempted from the Course Fee? (Please tick “√”)</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<small>* Employees of Government Ministries, Departments and Provincial Councils are exempted from paying the course fee. State Owned Enterprise (SOE) employees are not exempted from the course fee.</small>

### Nomination by the Head of the Institution.

Director General / SLIDA

I hereby nominate Rev./ Mr./ Ms..... to participate in the above mentioned training programme and he/she will be released to follow the course if selected .

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Date

.....

Signature

.....

Name and Designation  
(Stamp)