

**Application Form for Training Course on QA/QC of Nuclear Instruments/Counting Systems  
for Technical Personnel from 9<sup>th</sup> to 13<sup>th</sup> October 2017.**

1. Full name (in block letters):.....  
.....
2. Name with Initials (in block letters): .....
3. Sex:                            Male                            Female
4. Age:.....
5. Designation:.....

6. Contact Information

6.1 Official Address:

Department/section : .....

Organization : .....

No:

Street:

Town/ City:

Postal Code:

Official

Private/ Home

6.2

Mobile No:                   .....

Telephone:                   .....

Fax :                           .....

Email :                       .....

7. Formal Education:

	<b>Location</b>	<b>Subject</b>	<b>Degree</b>	<b>Year of award</b>
Secondary	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
University	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
Other	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....

8. Experience (briefly describe previous experience)

.....  
.....  
.....

9. Nature of the present work: .....

10. Years of service: .....

11. Year of service in current position: .....

12. Details of similar courses attended:

Title of the course with year attended: .....

.....  
.....

13. I will personally pay the course fee

14. My employer will pay the course

15. Please state the reason/s you desire to take this course, and how it relates to your current or future professional activities.

.....  
.....  
.....

I hereby certify that above particulars are true and correct.

Applicant's signature.....

Date.....

Name of supervisor Or training Manager ..... Title of Supervisor:.....

Supervisor's /Training Manager's Tel. .... Email: .....

Supervisor's signature .....

Date.....

I hereby certify that the above nominee is the employee of this institute and course fee will be paid by the institute if selected.

Name of the Head of Dept. / Institution.....

Head's Tel .....

Email: .....

Signature of the Head of Dept. / Institution: .....

Date:.....

Official Stamp:

**Note:**

**Pls. Don't send payments with this application. Payments should be made once selected candidates are informed by the SLAEB. Course will not be conducted if minimum no. of candidates is not available.**