

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:

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13. I will personally pay the course fee

14. My employer will pay the course fee

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.