

ESSENTIAL INFORMATION OF THE NOMINEE

- 1 1.1 Title of Training Programme
- 1.2 Duration in Weeks
- 1.3 ERD Code
- 2 2.1 Ministry.....
- 2.2 Agency.....
- 3 3.1 Name of Nominee
(Please Enter Family Name First and Underline Family Name Only)
- 3.2 Sex
- 3.3 National Identity Card Number -Old (Compulsory)
- 3.4 National Identity Card Number- New (If available)
- 3.5 Passport Number:
- 3.6 Present Designation

3.7 Designation Group of the Nominee in the Agency (Indicate the appropriate box)	Management or Technical Grade			Technician, Supportive & Allied Groups	Other (Specify)
	Senior Level	Middle Level	Junior Level		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4 4.1 Official Address..... 4.2 Phone/Fax.....
..... 4.3 e-mail
- 5 Telephone/Fax for Urgent Contact.....
- 6 6.1 Date of Birth Date Month Year.
6.2 Age at the Commencement of the Programme (To the Closest Year) Years
- 7 7.1 Years of Service to the Government in the Nominee's Career Years
7.2 Nominee's Years of Service in the Present Agency Years

8 Educational Qualifications (Please Use Abbreviations to Describe)

8.1 Academic Qualifications of the Nominee	Sp. Degree (4yr)	General Degree (3yr)	Other First Degrees & Equivalent Full Professional Qualifications
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.2 Performance at the First Degree	Ordinary Pass	2nd Class Lower	2nd Class Upper	First Class	Not Relevant
(Please Check in case of Special and General Degrees only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.3 Institute and year.....

9 Local Long Term Training Successfully Completed & Full Professional Qualifications Achieved by Nominee

9.1 Masters Degree	<input type="text"/>	Indicate the Number Only
9.2 Post Graduate Diploma	<input type="text"/>	Indicate the Number Only
9.3 Medium Term Training of more than three month Duration	<input type="text"/>	Indicate the Number Only
9.4 Full Professional Qualifications	<input type="text"/>	Indicate the Number Only

10 Local Short Term Training Received by the Nominee

Total number of local training received

11 Previous Foreign Training Received by the Nominee

11.1 Foreign Training each less than one week duration received in the **Past 3 Years**

Total number of training

11.2 Foreign Training Each Greater than one week & Less than 12 weeks(three months) duration received in the **Past 3 Years**

Total number of training

11.3 Foreign Training Each Greater than 12 weeks & Less than 32 weeks duration received in the **Past 3 Years**

Total number of training

11.4 Foreign Training Each Greater than or equal to 32 weeks Duration in Nominee's Career (Training Funded by the Government of Sri Lanka or Funded by a Scholarship offered to the Government of Sri Lanka)

Nominee has received at least one training opportunity of duration greater than 32 weeks

12 Nominee's Declaration

I, the undersigned, certify that the details provided in this correctly describe myself, my qualifications and my experience.

12.1 Date: 12.2 Nominee's Signature

13 Certification of the Head of Department

Relevancy of this Training Programme to Nominee's Work (Please Check only one Box)	Vital for present work	Directly Related to Present Work	Connected to Present Work	Helpful in Future Work	For Promotions	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Main Function of the Agency in the Field of Training (Please Check only one Box)	Execution	Supervisory	Training/Teaching
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the accuracy of the information given above.

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Signature of Head of the Department and Stamp Date: