

**APPLICATION FORM FOR DIPLOMAS, WORKSHOPS, AND SHORT –TERM PROGRAMMES**



<i>Application for Training</i>		For Office Use Selection:	
<b>SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION</b>			
<b>Part I</b>			
1. Course Title :	2.Course No.	3.Language Preferred (Pl. tick (v))	
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 "v")		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<b>Part II</b>			
Director General/ SLIDA I am nominating 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.			