

Sri Lanka Institute of Local Governance

(Information and Communication Technology Division)

Application

- 1. Title of the Training Course: _____
- 2. Name of Applicant Mr./Mrs./Miss: _____
- 3. Name of the Local Authority: _____
- 4. Address: _____
- 5. N.I.C No: _____
- 6. Mobile No: _____]Office No: _____
- 7. Designation: _____

a. Computer Courses followed (if any)

Course	Institute
i.
ii.

I certify that the above details furnished by me are correct and true and I hereby apply to follow the above training course.

Date:..... Signature of Applicant:.....

Recommendation

I certify that the above details furnished by the application by the applicant are true according to the official records. I here with forward the application and I would agree to release the officer if he or she is selected for the above training program.

Date:..... Signature of the head of the Authority :.....