



For office use only

APPLICATION FORM

1. Course Title/No:																			
2. Name of Applicant:																			
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3. Designation:																			
4. Organization:																			
			ľ											1					
5. Official Address:									Tel										
									Fax										
									Em	aii:									
6. Private Address									Tel	e:									
									Мо	Mob:									
									Em	ail:									
7. Identity Card No:																			
8. Head of Department																			
Mr/Ms is nominated for the training program on																			
His/Her course fee will be / will not be paid by our department.																			
Signature:																			
Name/Designation:																			
Date:						•													

NB : Application should accompany the course fee by cheque drawn in favor of "Academy of Financial Studies"