

NATIONAL INSTITUTE OF EDUCATION Postgraduate Diploma in Education Management Program (Full-time)-2019

01.	Title	Rev. N	Ar.	Ms.		
02. :	Name in Full					
03.	Name with Initials					
04.	Address :					
	Official		Persona	1		
	Phone		Phone			
	E-mail		THOIL			
05. 06.	National ID No. Date of Birth	M Y Y Y	Y			
07.	Present Post :					
08.	Period of Service :					
09.	Service you belong to : SLEAS	SLPS S	SLTES	SLTS-I	Semi Gov./Pirivena	
10.	Qualifications: Academic Firs	st Degree				
	Professional Trained/NCOE	PGDE B.E	Ed.	Master in Edu.		

I certify that the above mentioned information is correct. I also declare that I am not following a fulltime/part-time course at the National Institute of Education or a full time study program in any other higher education institution.

Date:....

.....

Signature of the applicant

Recommendation of the head of institution

I certify that Rev./Ms/Mrs/Mr. is currently employed in this institution as and that the person can be released/cannot be released from duties for full-time study for one year in the event of being selected to follow the Postgraduate Diploma in Education at NIE in 2019.

If not recommending the application, please state reasons below:

.....

Date :

Name and Signature

SEAL

Name of Institution:
Address:
Contact No: