APPLYING FOR TRAINING PROGRAMS ORGANIZED BY
MANAGEMENT DEVELOPMENT & TRAINING UNIT OF SABARAGAMUWA PROVINCE

Name of the Training Program - ……..……..

Name of the Officer	Designation	**I agree to participate if selected. (Yes/No)**	Signature	Priority*

.....
Subject Officer's Signature

I approve the application of the above-mentioned officers for the training workshop. I also agree about the participation of the selected officers.

.....
Date

.....
Head of Institution Signature

* - Priority must be marked by Head of Institution