

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

Name of the Training Program - .....

Name of the Officer	Designation	Signature	Priority*

.....  
Subject Officer's Signature

I Approved the submit applications of above training program.

.....  
Date

.....  
Department Head's Signature

(\* - Priority must be marked by Head of the Department )

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