



**SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION
REGISTRATION OF TRAINERS FOR NON-MANAGERIAL EMPLOYEES
TRAINING OF TRAINERS APPLICATION FORM**

A. Personal Information

- i. **Title:** Rev./Dr./Mr./Mrs./Miss.
- ii. **Full Name:**
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- iii. **Name with Initials:**
- iv. **N.I.C. No.:**
- v. **Designation:**
- vi. **Address:**
- a. *Residential:*
- b. *Official:*
- vii. **Residential district:**
- viii. **Email:**
- ix. **Telephone:** *Residential:* *Official:* *Mobile:*
- x. **WhatsApp:**.....

B. Qualifications

1. Educational Qualifications:

University / Institute	Degree/ Other Qualifications	Specialized area (if any)	Year	Status (Ex. Class, Merit)

2. Professional Qualifications:

Institution	Qualifications

3. Language Proficiency

No.	Language	Proficiency		
		Writing	Reading	Speaking
1	Sinhala			
2	Tamil			
3	English			

C. Experience

1. Work Experience:

Organization	Subject	Duration

2. Training Experience:

Organization	Subject	Duration

D. Preference of conducting Training

No.	Level	Language		
		Sinhala	Tamil	English
1	District Level			
2	Divisional Level			
3	Provincial Level			

E. Specialized Area for Training

Subject	Specialized Topics

E. Referees: Mention two referees currently serving in the public service.

Referee 1:

Name:

Designation:

Official Address:

Telephone: Official: **Mobile:**

Email:

Referee 2:

Name:

Designation:

Official Address:

Telephone: Official: **Mobile:**

Email:

I certify that the above information furnished by me is true, complete and correct to the best of my knowledge and belief.

Date:

.....
Signature of the Trainer

Recommendation

I hereby recommend the above officer for conducting Non-managerial staff training in Divisional/District/Provincial Level.

Date:

.....
Chief Secretary/District Sec./Director MDTU/Divisional Sec.

Rubber Stamp