As this form is used to privisit and for obtaining app to the Ministry of Education clearly.	Please, Attach your Photograph. 4.5 cm x 3.5 cm						
Foreign Agenci	1	(don't use glue)					
File No: (For Office use) ED/03/39/01/							
Proposal of an Officer							
on	•••••			•••••			
NIC No			Passport No				
			Date of Issue Date of Expiry				
01. Name with Initials (La	ast name first	, in Block Cap	· ·	A. A.D.)			
02. Name in Full (in Block	k Capitals)						
03. Private Address							
04. (i). Date of Birth			Date M	onth	Year		
(ii). Age (To the Progra	amme Comm	encing Date)	Date M	onth	Year Vear		
05. Sex			Male	Fen	nale		
06. (i) Present Designation	n		L		L		
(ii) Date of Appointme		ent Designatio	on Date	Month	Year		
07. (i) Service/Grade							
(ii) Date of Appointme	ent to the Ser	vice/Grade	Date Mo	nth	Year		
08. (i) Official Address, In							
08. (ii) Province			8. (iii) District				
	arv is drawn]					
09. Office from which Salary is drawn 10. Telephone Number Home Office							
E-mail Mobile							
11. Particulars of the proposed visit (N.B. If not properly filled you may not be granted approval)							
Country/Countries To be Visited	From	То	Course/Purpose	Benei	fits to the Field of Education		
			<u> </u>	I			

12. Funding source: Foreign/Government

13. Previous Foreign visits in last three years (to the date of beginning of proposed visit) (You must fill this properly and clearly)

No	Course/Purpose C	Country/Countries	From			То		
NU	Course/1 urpose	Country/Countries	D	М	Y	D	М	Y

14. Educational Qualifications

No.	Description	University/Institute	Year Obtained*

15. Professional Qualifications

	No.	Description	University/Institute	Year Obtained*	
16	16. Whether you obtained outfit allowance on previous foreign visits? Yes No				

Date

17. If so when?

I certify that all above particulars are true and correct.

Date

Signature of the Applicant

lear

Month

Certification (Reference to personal file)

(This certification is needed before submission of proposal of above nominee to the Secretary, Ministry of Education for obtaining Hon. Minister's approval).

I certify that Rev./Mr./Ms.

	belongs	to	my	Division /	Department /
Zone, has / has no disciplinary inquiries pending against him/	her.				

Date	
(Official Stamp)	Signature Head of the Division/ Department/ Zone