As this form is used to propose your name as a nominee for the relevant official visit and for obtaining approval from the hon. Minister of Education or Secretary to the Minister of Education, you are stressed to fill this application properly and clearly.

Please, Attach your Photograph. 4.5 cm x 3.5 cm (don't use glue)

Foreign Agencies Branch - Bio Data Form

File No: (For Office us	se) ED/9/39/1/					
Proposal of an Office	er to the Official V	isit to		for	the	
					000000000	
National Id No:			Passport	-		
			Date of l	-		
01.Name with Initials (	Last name first, in En	glish Capita			a. A.B.)	
		0 1				
02.Name in Full (in Blo	ock Capitals)					
January State Medical						
03.Private Address						
04.(i). Date of Birth:			Day	Mo	onth	Year
(ii). Age: (To the Pro	ogramme Commencin	g Date)	Day	Me	onth	Year
05. Sex:			Male		Fe	male
06.(i) Present Designat	ion:					
(ii) Date of Appointment to the Present Designa			Day	M	onth	Year
07.(i) Service/Grade:						
(ii) Date of Appointm	ment to the Service/Gr	rade:	Day _	M	onth	Year
08.1. Official Address,	Including Branch/Un	it (in Block	Capitals)			
					La nierakoa	Control of the State of the Sta
08.2. Province.		A JOSEPH	8.3. Dis	trict	16/9/	
09. Office from which	salary is drawn:					
10. Telephone Number	: Private			Offic	e	
E-mail			1 (1 21 1 1 1 1 1 1 1	Mob	ile	- 4 (63 0) 0) 0 0 0 0 0 0
11. Particulars of the pr	roposed visit (N.B. If	not properl	y filled yo	ou may not	be gran	ted approval)
Country/Countries To be Visited	From	То		Course/F	'urpose	Benefits to the Field of Educati
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12.Funding source For	eign/Government					

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No	Course/Purpose	Country/Countries	D	M	Y	D	M		
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try of Ed	ucation for obtaining Hon. M	linister's approval).							
for that D	ov. /Mw /Mwo								
пу шаск	ev./Mr./Mrs.		belongs	to m	v Div	ision/	Dena	rtn	
has no d	isciplinary inquiries pending				,				
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For Approval of the Hon. Minister of Educatio	n	
(To be Proceed by the Foreign Agencies & External?		For Office Use Onl
01. Name of the Programme :	4-2	
[10] 이후 역 되는 이번 경기 점 이 경우 없는 이 경기 경기를 받는다.	<pre></pre>	
		Additional control of the control of
02. Name of the Foreign Institute :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
03. Country to be Visited : 04. Du	uration :	
05. Name of the applicant:	***************************************	
06. Official Address of the Participant :		
07.1. Date of Birth :	rs Months Days	
(Documents Pertaining to No: 11 to 17 in this form sho		
be Provided by the Participant as on their relevancy)	Signature of the Particl	pant
<u>Expenditure - Local :</u> 08.1.0. Air Fare	= Rs	
08.1.1. IncidentalUSD*Days*R		
08.1.2. SubsistenceUSD*Days*R		
08.1.3. Course/Pro. FeeUSD	= R5	1
08.1.4. Out-fit Allowances	= Rs	
08.1.5. Insurance	= Rs	
08.1.6. Passport Fee	= Rs	
08.1.7. Visa Fee	= Rs	
08.1.8	= Rs	
08.1.9	= Rs	
Total	= Rs	
08.2.0. Local Funding Source :		
Contributions - Foreign:	1. VUC 140	
09. Items : Air fare / Meal / Accommodation / Visa fee / Cou	rse fee / Insurance fee / other	
	described and control of the second control	i) ERD Approval.
Description of The Same Real Sol	, data no serve reference e de Company de Co	CARRELL AND STATE OF THE CARLO AND
Documents of Evidence Included.		
11. Letter of Official Invitation.		
12. Documents of contributions by the Foreign Organ	ization.	
13. Documents of Local Funding.		
14. Letter of Duty Coverage Procedure.		
15. Recommendation Letter of the Head of the Depar	tment / Institute / Division.	
그리는 얼마나를 하다 아니는 이번 아이들이 얼마나 얼마나 얼마나 되었다.		
16. Evidence for initial instructions/ Comments of the	Hon. Willister (If Necessary)	
17. Initial approval of Secretary / MoE (If Necessary)		
★ Checked & Submitted By,	★ Recommended By,	
Director, F/A & E/ABranch.	Addl. Secretary (Scho	ool Affairs)
★ Recommend to the Hon. Minister,	* Approval of the Hor	manus a matata o managa a mana
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Secretary / MoE.	*************************************	*0****
	Hon Minister / Mos	

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