

SMALL ENTERPRISES & HANDICRAFT DEVELOPMENT AUTHORITY

APPLICATION FORM FOR TRAINING

COURSE TITLE _____

FULL NAME (in block letters)

Mr / Miss / Mrs _____

ADDRESS _____

NIC NUMBER _____ DATE OF BIRTH _____

TEL. NO _____ EMAIL _____ FAX _____

QUALIFICATIONS /EXPERIENCE _____

EMPLOYMENT / SECTOR _____

DO YOU RUN YOUR OWN BUSINESS? YES NO

IF YES, IN WHAT LINE OF ACTIVITY? _____

HOW WILL THIS COURSE BE USEFUL TO YOU? _____

DATE ____ / ____ / ____

SIGNATURE _____

FOR OFFICIAL USE

Course Fee _____

Payment effected on ____ / ____ / ____

Cash / Cheque / Chq. No _____ Bank / Branch _____

Cancellation Policy: - A full refund will be received up to **five** working days before the event .Cancellation must be made in writing (letter or fax) & reach the office before the 5 days. A replacement is always welcome.

Note: Cheques should be drawn in favour of **SEHDA**.

Course will be run subject to minimum applications received.