IT Resources Development Authority (WP)

Application for a Computer Training Programme

1. Title of Training Course

2. Group Number ☐   Week day ☐   Week End ☐

3. Name with initials Rev./Mr./Mrs./Miss.

4. National Identity Card No

5. Designation

6. Department/Institution

7. Address (Private Applicant Should Write Permanent Address)

8. Contact Phone No   Mobile   Office   Fax

9. Computer Knowledge : Never Used Computers ☐   Little Knowledge in Computer Applications ☐
   (Please mark with a (✔) if relevant)

10. Computer courses followed (if any)

Course	Institution

I certify that the above details furnished by me are correct and true and I hereby apply to follow the above training course.

Date:………………………………..

…………………………………………
Signature of Applicant

Recommendation

I certify that the above details furnished by the applicant are true according to the official records. I here with forward the application and I would agree to release the officer if he is selected for the above training programme.

Date:…………………………………

…………………………………………
Signature of
Head of Department
Official Stamp