



For office use only

APPLICATION FORM

1. Course Title/No:																				
2. Name of Applicant:																				
3. Designation:																				
			I												1	1				
4. Organization:																				
										Tele	2:									
5. Official Address:											:									
			Ema	ail:																
										Tele	. .									
6. Private Address										Mol										
	Email:																			
7. Identity Card No:																				
8. I do hereby certify that the above information is true and correct																				
Signature	Date																			
Mr/Ms is nominated for the training program on 																				
			,		oc p															
Signature:																				
Name/Designation:																				
Date:																				

NB : Application should accompany the course fee by cheque drawn in favor of "Academy of Financial Studies"