





## Registration of Resource Persons Management Development Training Unit Eastern Provincial Council

Personal Information				
1. Title (Rev/Dr/Mr/Mrs/Ms)				
2. Full Name				
3. Name with Initials				
4. Residence				
4.1. Address				
4.2. Telephone No				
4.3. Mobile No				
4.3. e-mail				
5. NIC No.				
<b>Employment Details</b>				
6. Nature of the employment (Please tick [√] appropriate box)	1. Government 2. Semi-Govt. 3. NGO 4. Private Sector 5. Self-Employment			
6.1. Present work station				
6.2. Designation				
6.3. Address				
6.4. Telephone No.				
6.5. Fax				
6.6. e-mail				
Details of Service ( If applicable)				
7. Service				
7.1. Class/Grade				

No.	Doctorate / Postgraduate / Degree / Diploma			Year of award U			Univ	ersity / Institution	
9. Pr	9. Professional Qualifications (Please attach certified copies)								
No.		tle					ersity / Institution		
	•					1			
10. T	oT / Certified Traine	ers (Please							
	Title		Year of Train	ning	D	Ouration	Institution	Institution	
	xperience in training						ttach		
T	Title of the Training Institution		tutions	Fro	m	То		Medium	
12. R	12. Research Papers and Publications (If any)								

8. Educational Qualifications (Please attach certified copies)

13. Areas of specialization (Please mention the specific area under the relevant subject				
No	Subject Categories			
13.1 Ad	ministration & establishment matters for Public Service			
1				
2				
3				
4				
13.2 Pu	blic finance			
1				
2				
3				
4				
5				
13.3 Pla	nning			
1 2				
3				
4				
5				
	formation & Communication Technology			
1				
2				
3				
4				
5				
	anguage skills			
1				
2				
3	eccion o p			
13.6 80	oft Skills & Personality Development			
2				
	Managarial Chille			
13.7 1	Managerial Skills.			
2				
13.8	Public Relations & Positive attitude.			
13.6	1 done relations & 1 ositive attitude.			
2				
13.9	Productivity Development & Good Governance.			
1				
2				
13.10	Government Policy (e.g. RTI, SDG)			
1				

2

13.11 Other Trainings	
1	
2	
3	
<b>14.</b> Medium of instructions - T $\square$ S $\square$ (Please $\sqrt{\ }$ )	E
15. Preference Regions Trincomalee Batticaloa Kalmun (S/T/E medium) (T/E medium) (T/E medi	±
16. Mode of Transport (Outside districts other than the	ne home town and / or work place (Please $\sqrt{\ }$ )
Official vehicle  Assigned vehicle for personal use  Private vehicle  Public Transport	kin ko ak
*Please annex a certified copy of the vehicle owners.  17. Do you have a valid driving license? if yes,	пр воок
License category -	
Expiry date -	
*Please annex a certified copy of the driving license	,
to the time to the constraint of the time to the constraint of the	
Terms & Conditions	
	to the Resource Persons Pool of MDTU and will be
invited for training programmes based on re-	quirements.
•	, fixed by the training advisory committee with the
approval of the Chief Secretary according to	•
iii. MDTU is authorized to impose any tax and lo	evies imposed by the government from time to
time.	
iv. Transport allowance for private vehicle will	be considered only on exceptional circumstances.
I hereby certify that the above details are true and accur	ate.
Date:	
	Signature of the Applicant
To be filled by the relevant Head of Department (Mandatory f	or Government & Semi-government Officers)
This officer can be released / cannot be released if he/she is (Details of each selected training programme will be notified to	•
 Date	Signature