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வெளிநாட்டுவளங்கள்திணைக்களம்  
Department of External Resources

මුදල් අමාත්‍යාංශය  
මහලේකම් කාර්යාලය (3වැනි මහල), කැ.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව  
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Ministry of Finance  
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මගේ අංකය  
எனது இல  
My No

} TA/CHI/S/03/21

ඔබේ අංකය  
உமது இல  
Your No

}

දිනය  
திகதி  
Date

} 26 March 2021

Secretary / Ministry of Health  
Secretary / State Ministry of Provincial Councils and Local Government

*Attn: Officer In-Charge Foreign Trainings*

Dear Sir

**Seminar on Covid-19 Methods for Detection  
From 11 to 17 May 2021 (Online)**

The Government of the People's Republic of China has invited nominations from the eligible Government officials for the above online programme. A copy of project profile in this regard is attached herewith for your information.

**We strongly encourage you to nominate suitable three officers and submit the following documents on or before 23 April 2021.**

- (i) Application Form (can be downloaded from the ERD website)
- (ii) ERD Form (can be downloaded from the ERD website)

Your early response in this regard is highly appreciated.

Yours faithfully

Udeni Udugahapattuwa  
Additional Director General  
for Director General

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பணிப்பாளர் நாயகம்  
Director General

} 94-11-2484693

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அலுவலகம்  
Office

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94-11-2484600

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தொலைநகல்  
Fax

} 94-11-2447633  
94-11-2387153  
94-11-2434876

## 学员报名表 Application Form

Name of the seminar/training course: 项目名称:			
性质	官员 <input type="checkbox"/> 技术 <input type="checkbox"/>	培训时间	培训地点
照片 Photo	Family name 姓		
	First name 名		
	Position 职务		
	级别	部级及以上 <input type="checkbox"/> 司局级 <input type="checkbox"/> 处级及以下 <input type="checkbox"/>	
	建议舱位	头等舱 <input type="checkbox"/> 商务舱 <input type="checkbox"/> 经济舱 <input type="checkbox"/>	
Passport No. 护照号码			
Nationality 国籍		Name of institute 工作单位名称	
Sex 性别			
Language 工作语言		Mail Address of Institute 工作单位地址	
Religion 宗教			
Food abstention 饮食禁忌		Address of Home 家庭住址	
Date of Birth 出生日期			
Tel		Email	
Fax		Person to be contacted in emergency 应急联络人	
Cellphone		Phone to be contacted in emergency 应急电话	
Signature (本人签字)		Date (日期)	
经商参处意见:			

Note: Please fill in the blanks with English label.

**Part 1 Training Program Details**

1.1 Title of Programme

1.2 ERD Code

1.3 Duration in Weeks

**Part 2 Official Information**

2.1 Ministry

2.2 Agency

2.3 Official Address

2.4 Telephone Number

2.5 Fax

2.6 Email

**Part 3 Personal Information**

3.1 Name of Nominee (As in the Passport)

3.2 Sex

3.3 Present Designation

3.4 Home Address

3.5 National Identity Card Number

3.6 Passport Number

3.7 Mobile Number

3.8 Email

3.9 Date of Birth (DD/MM/YY)

3.10 Age (Years)

3.11 Years of Service to the Government in the Nominee's Career

3.12 Years of Service in the present Agency

3.13 Name of the contact person in an emergency

3.13.1 Relationship

3.13.2 Mobile Number

**Part 4** Academic Qualifications (Higher Education)

Name of the Institution	Country	Qualification	Year

**Part 5** No. of Previous Foreign Training Attended in the past 3 years by the Nominee

Duration	Countries	No. of trainings
Less than one week		
Greater than one week & Less than 12 weeks(three months)		
Greater than 12 weeks & Less than 32 weeks( 8 months)		
Greater than 32 weeks		

**Part 6** Nominee's Declaration

I, the undersigned, certify that the details provided in this form describe myself, my qualifications and my experience, truly and correctly.

Date: ..... Nominee's Signature .....

**Part 7** Certification of the Head of Department

Relevancy of this Training Programme to Nominee's Work (Please Check only one Box)	Vital for present work	Directly Related to Present Work	Connected to Present Work	Helpful in Future Work	For Promotions	Other (Specify)

I certify the accuracy of the information given above.

.....  
Date

.....  
Signature of Head of the Department and the Stamp