**GOVERNMENT OF INDIA**

**MINISTRY OF EXTERNAL AFFAIRS**

**NATIONAL CENTRE FOR GOOD GOVERNANCE**

(Application for the courses fully funded by the Ministry of External Affairs, Government of India)

**NCGG-SLIDA APPLICATION FORM**

**Fix Applicants’ Photo here**

**Part – I**

|  |  |
| --- | --- |
| **Name of Course** | Digitalization |
| **Training Period** | 21st April to 06th May 2025 |

**Part – II**

**(to be filled by the applicant)**

1. **Personal Particulars :**

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Sex** |  |
| **Nationality** |  |
| **Marital Status**  |  |
| **Date of Birth**  |  |
| **Passport No.** |  | **Issued Date** |  |
| **Passport Validity till:** |  | **Issued Place** |  |
| **Address**  | **Office** | **Residence** |
|  |  |
| **Telephone No.**  |  |  |
| **WhatsApp No.**  |  |  |
| **Email :** |  |  |
| **Special dietary needs, if any** |  |

1. **Person(s) to be notified in case of Emergency :**

|  |  |  |
| --- | --- | --- |
|  | **Official Contact** | **Personal/ Family Contact** |
| **Name**  |  |  |
| **Address** |  |  |
| **Telephone No** |  |  |
| **Mobile** |  |  |
| **Fax** |  |  |
| **Email** |  |  |

1. **Educational Qualification(s) (From highest to lowest) :**

|  |  |  |
| --- | --- | --- |
| **Degree/ Diploma/ Certificates** | **Year** | **Name of Educational Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Professional Qualification(s), if any (From highest to lowest) :**

|  |  |  |
| --- | --- | --- |
| **Professional Qualification(s)** | **Year** | **Name of Educational Institute** |
|  |  |  |
|  |  |  |

1. **Details of Current Employment :**

|  |  |
| --- | --- |
| **Name of the Employer** |  |
| **Address** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **Designation** |  |
| **All Island Service Category** |  |
| **Work Responsibilities** |  |
| **Working Since** |  |

1. **Details of Previous Employment (in descending order) :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Position** | **Period** | **Description of Duties** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Have you ever attended a course sponsored by the Government of India?**

**………………………………………………………………………………………………...**

**7.1 If answer to 7 is yes, details of the course(s) :**

|  |  |  |
| --- | --- | --- |
| **Name of Course** | **Institute** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details of course(s) attended, outside Sri Lanka, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course & Duration** | **Country** | **Year** | **Sponsor** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Reasons for applying this training programme : …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
2. **Certification of English language proficiency :**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Level** | **IELTS/TOFFL grade, if available** | **Remarks** |
| **Speaking** |  |  |  |
| **Writing** |  |  |  |
| **Listening** |  |  |  |
| **Reading** |  |  |  |
| **IELTS overall grade, if any** |  |  |  |
| **Any other qualifications, if any** |  |  |  |
| **Diploma** |  |  |  |
| **Certificate** |  |  |  |
| **Other (Please specify)** |  |  |  |

1. **Any other language proficiency :**

|  |  |  |
| --- | --- | --- |
| **Language** | **Level** | **Remarks** |
|  |  |  |
|  |  |  |
|  |  |  |

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

**……………………….. ……..………………………………….**

**Date Signature of the Applicant**

**Designation and Official Stamp**

**Part – III**

**(To be filled by the Head of the Institution)**

I certify that the above details furnished by the employee are true and correct as per the personal details at this institution. Having paid special attention to the duties assigned to the employee and having analyzed his/her abilities, I hereby recommend the above officer as the most suitable person for the above training course from this institution.

**……………………….. ……….……..………………………………….**

**Date Signature of the Head of the Institution**

**Designation and Official Stamp**