

Performa

Claiming Re-imbursement of Course Fee

APPLICATION FORM			
APPLICANT INFORMATION			
Name:			
Biometric ID:			
Designation:			
Department:			
Node:			
Supervisor Name:			
Date of Joining:			
Years of service in CIS from the date of application:			
INFORMATION OF COURSE & INSTITUTE			
Name of Course:		Name of Trainer:	
Name Institute:		Mobile Number of Trainer:	
Address:			
Phone:	E-mail:	Fax:	
City:	Province:	URL:	
Starting date of course:		Ending date of course:	
Timings of Course:			
Full Amount of Course Fee:			
Claimed Amount of Course Fee:			
SIGNATURES/DECLARATION			
I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize CIS to investigate all statements contained in this application form. I hereby further declare that I will not leave CIS till one year and if left within one year, course fee can be deducted from my clearance.			
Signature of applicant:			Date:
RECOMMENDATION OF OFFICER INCHARGE			
1. Recommended:		2. Not Recommended:	
Please comment that if allowed, what benefit can be brought to CIS and specially to your department by allowing this employee to attend the above mentioned course, Vice versa in case of not recommended:			
Signature of Supervisor:		Date:	
APPROVED BY			
Signature of CEO, CIS:		Date:	