Annex (B)

	Pa	rt - 1			avel abroa	
1.	1:1 Name 1:2 Post 1:3 Service to which the officer belongs					
2.	Date of birth Date		Month	••••••	Year	
	2:1 N.I.C. Number :					
3. 4.	0.1 Ministry roundal counter					
	dadoon toung an angement					
5.				- 41 	<u></u>	
5.	5.1 Purpose of travel/Field of training: 5:2 Nature of travel:	Official		P	rivate	
5.	5.1 Purpose of travel/Field of training:	Official Through Dept of External Resources	Through a Project	P Direct award	rivate Private funds	Government of S.L.
5.	5.1 Purpose of travel/Field of training:5:2 Nature of travel:	Through Dept. of External Resources			Private	
5.	 5.1 Purpose of travel/Field of training: 5.2 Nature of travel: 5.3 In the case of training the awarding Agency 5.4 How expenses are mainly to be met (Mark in the case) 	Through Dept. of External Resources			Private	Government of S.L. Other personal expenses (to be specified)

- 5:6 In case of a Foreign loan/Project/particulars thereof
- 5:7 Date of commencement of course/training 5:8 Date of completion

	Service in case	10 10 March 10
 	 and the second s	

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5:9 Date of departure and of return

5:10 Countries to be visited

5:11 Foreign address, Telephone, Fax, E-mail, indicating numbers :

5:12 Has the report on the previous official trip been submitted

6. Particulars of foreign travel of applicant during the current year and the preceding three years

Year	Purpose of travel	Period	Country
	- Contraction -		
<u></u>			

6:1 Will the Minister of the Ministry concerned be away from the country during the relevant period. (Information to be furnished in the applications of Secretaries to Ministries only)

7. Declaration by applicant

I certify that the particulars furnished in this application are true.

Date.....

Signature of Applicant

Arrangements have been made to cover up duties of this officer. Recommended and forwarded.

Date.....

Signature, Name and Official Stamp of Head of Department

Part 2 (a)

Recommendation of Head of Department/Recommendation of the Chief Secretary of the Provincial Council

Ref. No. Ministry/Department/Provincial Council.....

Secretary to the President/Secretary to the Prime Minister/Secretary to the Ministry/Secretary to the Governor

Submitted for prior permission of His Excellency the President/Hon. Prime Minister/ Hon. Minister / Hon. Governor

Date:....

Signature of the Head of Department / Secretary to the Ministry / Chief Secretary of Provincial Council Name and Designation

Name & Designation	
Country/ies to be visited	ā.
	,
Benefits/Outcome of the tour to the Country/Institute	
Signature & Date	