



MILODA – ACADEMY OF FINANCIAL STUDIES
Training Institute of
MINISTRY OF FINANCE



For office use only

APPLICATION FORM

1. Course Title/No:

2. Name of Applicant:

3. Designation:

4. Organization:

5. Official Address:

Tele:

Fax:

Email:

6. Private Address

Tele:

Mob:

Email:

7. Identity Card No:

8. I do hereby that the above information is true and correct.

.....
Signature

.....
Date

Mr/Ms is nominated for the training program on His/Her course fee is / is not paid by our department.

Signature:

Name/Designation: