

**PROFORMA – STP Programme**  
**“Office Automation for Ministerial Staff “**  
**8<sup>th</sup> – 10<sup>th</sup> October 2024**

1. Name of Applicant : .....
2. PEN : .....
3. Designation : .....
4. Name of Office : .....
5. Total Service (Years) : .....
6. Phone/Mobile No. : .....
7. Whether attended the same course earlier( YES / NO ) : .....

**DECLARATION**

I, ..... declare that the information provided above is true.  
I agree to comply with the rules and regulations governing the training. If selected, I will attend the course for its entire duration without fail.

Signature of the applicant: .....

Recommended :

Office Seal

Signature of Head of Institution/Office