ANNEX 03

ATTENDENCE SHEET OF TRAINING INSRUCTOR

District:- ..... Divisional Secretariat Division:- .....

Regional Japanese Language Training Center:- .....

Address :-.....

Name Of Insructor :- ..... Permanent Work Place :- .....

Mobile No - ..... Model of Payment :-(Cash/Bank/Draft)

Language Profeciency Programme started Date :-.....

Targeted Date of Closing :- .....

Name Of the Bank :-..... Branch:-..... A/C No :- .....

Month/ Year	Date	Commencing Time	Closing Time	No of Hours	Duty / Training Programme
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				

TOTAL NO OF HOURS :-

DATE :- ..... SIGNATURE OF INSRUCTOR:-.....

I Certify That Mr/Mrs/Ms .....was attached to the above training center from ..... To ..... and recommend the payment for ..... hours only.

....

Signature of the Project Manager Signature of the Bank Society Manager

Rubber Stamp Rubber Stamp

For Training Division Use Only (SLBFE)

Checked By :- ..... Recommended By:-.....

(Subject Officer's Emp.No) (Administrative Officer's Emp.No)

Approved By:- ..... Date:- .....