



NATIONAL INSTITUTE OF PLANTATION MANAGEMENT

APPLICATION FOR ACADAMIC COURSES

NAME OF PROGRAMME:

PART - 1

1. PERSONAL :

NAME - With Initials – Mr./Mrs/Miss :

Surname :

Sex (Mark "✓") Male Female

Address - Private/Permanent :

Tel :

Official/For correspondence :

(Change of address should be informed, i f any) Tel :

Date of Birth :

Date	Month	Year

National Identity Card No :

EDUCATIONAL/PROFESSIONAL QUALIFICATIONS :

G.C.E. (ordinary) Level :	Year	No. of subjects passed at	No. of Credits	Maths*	English*
G.C.E. (Advanced) Level :	Year	Subjects			No. of Subjects Passed
		A	B	C	
Professional Qualifications (Year and Institute)					

3. PROFICIENCY IN ENGLISH LANGUAGE:

Excellent	Very good	Good	Poor	Very poor

4. 'EMPLOYMENT': (If Applicable)

PLANTING EXPERIENCE

a. Period of Experience : Years From : To:

b. Training/Creeping : Years From : To:

Period

Cont'd

c. First Appointment :

Designation	
-------------	--

Date	
------	--

d. Current Position :

Designation	
-------------	--

Date	
------	--

c. Affiliation
(Mark "✓" in the relevant cage)

i.

Estate Managed by a Plantation Company	
Private Estate	
Statutory Board	

Name and Address of Affiliate Organization:

5. **FINANCE :** (How do you propose to pay the course fee? (Mark "✓" in the appropriate cage)

Self funding Sponsored by Employer

I hereby certify that the particulars furnished by me in this application are true & accurate and agree to abide by the rules and regulations governing the above course.

Date :

 Signature of Applicant

PART- 11

6. **RECOMMENDATION :** (Applications without proper recommendation will be rejected)

I certify that the particulars furnished by the above applicant are true and accurate to the best of my knowledge and would mention that his release will be considered if he is selected to follow the above programme (* Strike out what is not applicable)

Date :

 Signature of Superintendent/Manager or Proprietor

I recommend the above applicant and his release will be considered if he selected to follow the above programme.

Date :

 Signature of Director/Chief Executive Officer/Managing Director/Chairman or Proprietor

*Strike out what is not applicable