



NATIONAL INSTITUTE OF PLANTATION MANAGEMENT

APPLICATION FOR ADMISSION

NAME OF PROGRAMME :

1. PERSONAL :

Name in Full – Mr./Mrs/Miss :

Address - Private/Permanent :

Tel :

Official/For correspondence :

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

Email Address :

Date of Birth :

Date	Month	Year

National Identity Card No :

2. 'EMPLOYMENT':

PLANTING EXPERIENCE

(a) Designation :

(b) Period of Experience : Years From : To:

(b) Affiliation
(Mark "✓" in the relevant cage)

Estate Managed by a Plantation Company	
Private Estate	
Statutory Board	

Name and Address of Affiliate Organization:

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

Self funding Sponsored by Employer

4. Conducting the programme

(a) Preferred medium: Sinhala/English/Tamil

(b) Preferred Venue : Athurugiriya/Bogowantalawa
if any other (Please specify)

Date :

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Signature of Applicant