

**APPLICATION FORM**

**Consultant Development Training Programme in Chemicals Management and Safety**

**Attendee Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Dr/Mr/Mrs/Ms/Miss) | |  | | |
| Name  (As you wish it to appear on the certificate) | |  | | |
| Position | |  | | |
| Company | |  | | |
| Address | |  | | |
| Tel |  | | Fax |  |
| Mobile |  | | Email |  |

Payment Method\*

Cash Cheque Bank Draft

\*Cheques and Bank draft should be made in favor of “**National Cleaner Production Centre, Sri Lanka**”, #66/1, Dewala Rd, Nugegoda.

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| Date | Signature |

**Submit to:** NATIONAL CLEANER PRODUCTION CENTRE,

#66/1, Dewala Road, Nugegoda

**Tel: (**+94) 112822272/3 **| Fax:** (+94) 112822274

**Email:** or[chetha.ncpcsl@gmail.com](mailto:chetha.ncpcsl@gmail.com)

**Web:** www.ncpcsrilanka.org