

**Capacity building programmes Second Health Sector Development Project Component II**  
**Anti Leprosy Campaign**  
Application Form

1. Full Name : .....  
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2. Name with initials : .....
3. Date of confirmation in service: ..... (dd/mm/yyyy)
4. Present working station: .....
5. Date of reporting to present working station : ..... (dd/mm/yyyy)
6. Designation: .....
7. Contact telephone number : .....
8. Email address : .....
9. Graduate and Postgraduate qualifications: .....  
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.....
10. English language proficiency (Not applicable to medical officers):  
(Indicate GCE O/L result for English Language and other relevant qualifications)  
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11. Special claims: (Indicate the reasons why you should be selected for this training)  
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I am holding a permanent position at Anti Leprosy Campaign/ RDHS Office / MOH Office / Institution. I declare that above mentioned information are true and accurate. I am physically and mentally fit to undertake the training in a foreign country. I am willing to work for Anti Leprosy Campaign / involve in leprosy control activities and I will take responsibility to train other staff locally when and where needed.

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Signature of the candidate

.....  
Date

.....  
Signature of the RDHS/ Director of Institution

.....  
Date