**Annex (B)**

**Appendix 16**

**Application for prior permission to be obtained by public officers to travel abroad**

**Part - I**

1.

|  |  |
| --- | --- |
| 1:1 Name | Click here to enter text. |
| 1:2 Post | Click here to enter text. |
| 1:3 Service to which the officer belongs | Click here to enter text. |

2. 2:1 Date of birth : Date ………………. Month ………………. Year……………….

 2:2 N.I.C. Number : Click here to enter text.

3.

 3:1 Ministry/Provincial Council : Click here to enter text.

 3:2 Department/Institution : Click here to enter text.

4. 4:1 Arrangements made to cover up

 duties/Acting arrangements : Click here to enter text.

5.

|  |  |
| --- | --- |
| 5.1 Purpose of travel/Field of training: | Click here to enter text. |
|  |
| 5:2 Nature of travel: | Official |  [ ]  | Private |  [ ]  |

|  |  |
| --- | --- |
| 5:3 In the case of training, the awarding Agency | Click here to enter text. |
|  |  |
| 5:4 How expenses are mainly to be met (Mark in cage) | Through Dept. of External Resources | Through a Project | Direct award | Private funds | Government of S.L. |
|  |[ ] [ ] [ ] [ ] [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5:5 If met from GOSL funds, nature and amount | Air travel | Subsistence | Course fees | Additional expenses | Other personal expenses (to be specified) |
|  |[ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |
| 5:6 In case of a Foreign loan/Project/particulars thereof | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| 5:7 Date of commencement of course/training | Click here to enter text. |  |
|  |  |
| 5:8 Date of completion | Click here to enter text. |  |
|  |  |
| 5:9 Date of departure and of return | Click here to enter text. | Click here to enter text. |
|  |  |  |
| 5:10 Countries to be visited  | Click here to enter text. |

 5:11 Foreign address, Telephone, Fax, E-mail, indicating numbers: Click here to enter text.

5:12 Has the report on the previous official trip been submitted Click here to enter text.

6. 6:1 Particulars of foreign travel of applicant during the current year and the preceding three years

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Purpose of travel | Period | Country |
| Click here  | Click here  | Click here  | Click here  |
| Click here  | Click here  | Click here  | Click here  |
| Click here  | Click here  | Click here  | Click here  |
| Click here  | Click here  | Click here  | Click here  |
| Click here  | Click here  | Click here  | Click here  |
| Click here  | Click here  | Click here  | Click here  |
| Click here  | Click here  | Click here  | Click here  |

 6:2 Will the Minister of the Ministry concerned be away from the country during the relevant period.

 (Information to be furnished in the applications of Secretaries to Ministries only)

7. 7:1 Declaration by applicant

I certify that the particulars furnished in this application are true.

……………………… …………………………..…………..

**Date Signature of Applicant**

 Arrangements have been made to cover up duties of this officer. Recommended and forwarded.

……………………… ………………………..……..…………..

**Date**  **Signature, Name and Official Stamp of Head**

**of Department**

**Part 2 (a)**

Recommendation of Head of Department/Recommendation of the Chief Secretary of the Provincial Council Ref. No. Ministry/Department/Provincial Council ………………………

Secretary to the President/Secretary to the Prime Minister/Secretary to the Ministry/Secretary to the Governor

This nomination has been approved by the Hon. Minister ………………………………..

Hon. Governor ……………………………….. Province. Arrangements have been made to cover up duties/acting arrangements have been made.

Submitted for prior permission of His Excellency the President/Hon. Prime Minister/ Hon. Minister / Hon. Governor

**Date**: ……………….…… ...........................…………………………….

**Signature of the Head of Department /**

**Secretary to the Ministry / Chief Secretary**

**of Provincial Council**

**Name and Designation**

**APPLICATION FOR PERMISSION FOR TRAVEL ABROAD**

|  |  |
| --- | --- |
| 1. Name & Designation :
 | Click here to enter text. |
| 1. Countries to be visited and purpose :
 | Click here to enter text. |
| 1. (i) Date of Departure :
 | Click here to enter text. |
|  (ii) Date of Return :  | Click here to enter text. |
|  (iii) Dates of the Conference, : | Click here to enter text. |
|  (iv) If several countries are to be : Visited dates of stay in each country | Click here to enter text. |
|  (v) Total duration of stay abroad : (ie number of days) | Click here to enter text. |
| 1. Whether the visits are private or official :
 | Click here to enter text. |
| 1. If official, whether representation is not :

 Possible by our mission abroad, if so why? | Click here to enter text. |
| 1. How costs are to be met?
 |  |
| 1. Sri Lanka Government :

 (give details) | Click here to enter text. |
| 1. As a guest of a foreign Government :
 | Click here to enter text. |
| 1. Financed by an international agency :

 (give details) | Click here to enter text. |
|  Other source (specify) : | Click here to enter text. |
| 1. Facilities expected from Sri Lanka missions :

 Abroad e.g. Hotel, Booking, Food, Accommodation, transport, etc. & the Approximate Cost | Click here to enter text. |

|  |  |
| --- | --- |
| 1. Foreign exchange required
 | Click here to enter text. |
|  (i) State expense  | Click here to enter text. |
|  (ii) Personal expense | Click here to enter text. |
|  (iii) Detailed description of the benefits  that will secure the country,  justifying the Visit and its cost University  | Click here to enter text. |
|  (j) (i) Number of trips abroad made during The current year and previous year (in detail) | Click here to enter text. |
|  Current Year | Click here to enter text.  |
|  Previous Year | Click here to enter text. |
|  (k) Acting arrangement relevant to the proposed   | Click here to enter text. |
|  Designation of the Applicant  | Click here to enter text. |

Click here to enter text. ………………………………..

 Date Signature of the Applicant

Click here to enter text. ………………………………..

 Date Vice Chancellor

Recommended and forwarded, by Hon. Minister has approved this nomination.

Date: Click here to enter text. Signature: …………………………………

 ………………………………………………..

 Secretary/Ministry…………………………