



EDB/TFI/o6/OAIT

APPLICATION FROM  
CERTIFICATE COURSE ON OPERATIONAL ASPECTS OF INTERNATIONAL TRADE

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| <i>Name &amp; Address of Applicant :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <i>Designation :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Contact Telephone Nos:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>E-Mail:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Office Address :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>N.I.C. NO. :</i> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Sex :</i> <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></td><td style="margin-right: 10px;"></td></tr><tr><td style="text-align: center; font-size: small;">Male</td><td></td></tr></table> <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></td><td style="margin-right: 10px;"></td></tr><tr><td style="text-align: center; font-size: small;">Female</td><td></td></tr></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Male |  |  |  | Female |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Educational Qualifications :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>Professional Qualifications :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Signature of the Applicant :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>Date :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p style="text-align: center;"><u><i>Import and Export Procedures Training Prospectus</i></u></p> <p><i>I confirm herewith that I have read and understood the Import and Export Procedures Training Prospectus and will strictly follow the guidelines mentioned in the prospectus.</i></p> <p>.....<br/><i>Signature of the Applicant</i></p>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p style="text-align: center;"><u><i>For Official Use Only</i></u></p> <p><i>Please pay Rs..... to the Finance Division of the EDB and submit the receipt To the Trade Facilitation &amp; Trade Information Division for Registration.</i></p>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>A/C Code No :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <i>P.I.V. No. :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Please receive a sum of Rs :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>PIV Prepared by :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Cash / Cheque No. :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>Cash Receipt No. :</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....<br><i>For Director TF &amp; TI</i><br><i>SLEDB</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | .....<br><i>Authorized by:AA/AD/DF</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><i>We are pleased to inform you that your application is accepted.</i></p> <p style="text-align: right;"><i>DIRECTOR / TF &amp; TI</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |