

**Ministry of Fisheries**  
**Obtaining the Approval of the Hon. Minister for official Foreign Tours**  
**(Scholarships/ Conferences/ Training Courses)**

1. Name of the Officer : .....
2. Designation : .....
3. Institution : .....
4. Date of Appointment & Service Period : .....
5. State whether the service has been confirmed : .....
6. Date of Birth and Age : .....
7. N.I.C. No. : ..... Contact No : .....
8. Email Address : ..... Passport No: .....
9. Educational Qualifications :  
.....  
.....
10. Professional Qualifications :  
.....  
.....  
.....
11. Computer Literacy :  
.....  
.....
12. English Language proficiency :  
.....  
.....
13. State whether any disciplinary action has been taken against to you : .....
14. Details of the Programme to be participated : .....
- .....
- .....

15. Purpose of the Programme : .....

.....

.....

16. Duration of the Programme : From: ..... To: .....

17. Expected benefits from participating the programme : .....

.....

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.....

**18. Details of Foreign Tours made by the Officer :**

Year and Month	Country	Duration	Training Obtained	Reports Submitted/ Not Submitted

19. On what basis have you been selected : .....

.....

.....

20. State whether the letter related to the invitation/ grant has been attached : .....

21. I. Method of funding : .....

II. If from GOSL funds, nature and amount:

(a) Airfair/ Rs. .... (b) Incidental allowance/ Rs. ....

(c) Subsistence allowance/ Rs. .... (d) Other/ Rs. ....

22. Arrangements made to cover up duties/ Acting arrangements: .....

.....

I certify that the particulars furnished by me are true and correct.

Date :

Signature of the Officer :

**Request of Approval by the Head of the Institution for the Foreign Tour**

1. The criteria of selection : .....  
.....  
.....  
.....
2. Number of officers subjected to the interview : .....
3. Name of the officer/ officers in the interview panel:  
.....  
.....
4. Panel Recommendation: .....  
.....  
.....
5. State whether the Director Board approval has been obtained for the selected nominees:  
.....  
.....

I certify that the particulars furnished above are true and correct.

Name :

Designation :

Date :

Signature of Department Head/  
Chairman :