National Apprentice and Industrial Training Authority

Confirmation of Attendance for the Nipunatha Sisu Saviya Payment

Month: …….

SN	Name	Trade	Type of Certificate	Certificates (Please √)			Day Count	Attendance % (***)	Total Payment
				GS Certificate Receive (Y/N)	NIC Copy	Bank Account Copy			

*** *Consider 20 working days per month to calculate the % of attendance*

I hereby recommended that above apprentices are qualified for the Nipunatha Sisu Saviya payment.

Name of the Inspector: ……. Signature: …… Date : …….

Recommended By Training Officer

Name : ……. Signature: ……. Date : …….

Approved By District Manager

Name : ……. Signature: ……. Date : …….