

Monthly Advanced Programe/ 20....

Department of Manpower and Employment

(Before the 25th day of the previous month to the considering month this should submitted to the approval)



Mr./Mrs./Miss..... CGO/HRDA/DO

District/Divisional Secretariat

DME- 21

Date	Day	Work attended Place	Expected Duty to be performed
1			
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submitted for approval with subject to amendments

.....
Signature
CGO/HRDA/DO

.....
Date

Approved /Not Approved

.....
District/Divisional Secretary Signature

.....
Date