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Department of Manpower and Employment

(This should be submitted on or before 5th of the consecutive month.) Mr./Mrs./Miss......CGO/HRDA/DO District/Divisional Secretariat



Date	Day	Work attended Place	Duty Performed	Whether amendment of the advanced programe (Yes/No)
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Signature				Date			
CGO/H	IRDA/DO						
Appro	ved /Not Appro	ved					
District/Divisional Secretary Signature				Date			