**Training Program Fees Refund Application**

|  |  |
| --- | --- |
| **Trainee Name** |  |
| **Trainee Mobile Number** |  |
| **Training Course Title** |  |
| **Training Course Venue** |  |
| **Training Course Starting Date** |  |
| **Training Course Ending Date** |  |
| **Course Training Hours** |  |
| **Training Course Fees** |  |
| **Applicant’s Signature** | **Date:** |
| **CTC Accountant Signature** | **Date:** |
| **Head of Training Section Signature** | **Date:** |
| **Director of CTC Signature** | **Date:** |