**Training Program Fees Refund Application**

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| **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:**  |