

**DIRECTORATE OF INDUSTRIAL TRAINING GRANTS SCHEME FOR YEAR .....**

**MANAGEMENT AND SUPERVISORY PERSONNEL CLAIM FORM FOR SHORT & LONG COURSES**

**Name of employer..... Box number..... Claim prepared by (Name).....**

**Signature..... Designation..... Date..... Employer's stamp.....**

Name of Nominee & Designation	Course duration From – To	Type of course <i>(Key below)</i>	Title of course attended	DIT Approval letter Ref/No & Date	Name of training institution/trainer	Course fees	Subsistence allowance	Traveling Expenses

Types of course *(Tick as appropriate)*

1	2	3	4	5	6
Residential	Non-residential	In-House (Employer's Premises)	In-House (Outside employer's premises)	Open house	Top Executive Management

For long term course(s), the employer will claim once in a year and must enclose duly certified result slip/academic transcript. The nominee must have passed exams and expressly allowed by the academic board to proceed to the next stage of learning.

***Note: Employers claim forms will not be acknowledged/considered if submitted without a covering letter.***