

**NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY**

**WORK SITE FORM:**

Date: .....

Assistant Director,  
Special Industrial Training Division,  
National Apprentice and Industrial Training Authority  
971, Sri Jayawardenapura Mw,  
Welikada, Rajagiriya.

**Field:**

**University Reg. No :**

**PARTICULARS OF WORK SITE DURING APPRENTICESHIP TRAINING**

This form should be completed and returned to NAITA on the commencement of the Training when any changes occur in these particulars during training, Such changes should be notified within a week.

Training Establishment : .....

Name and Address of worksite : .....  
: .....

Date of commencement of Training : .....

Name of Apprentice : .....

Residential Address  
(During Apprenticeship) : .....

Apprentice Mobile No. : .....

Category of Apprentice (Diploma/Degree etc.) : .....

Name of the Course & Field of study : .....

Institute/University : .....

**Officer-in-charge of training**

Name and Designation : .....  
: .....

Mobile No : .....

E.mail Address : .....

Signature with rubber stamp : .....

***I agree to bring the completed Daily Diary to the training place every day.***

Signature of the Apprentice : .....