



مركز الدراسات المتقدمة والتدريب  
**Advanced Studies and Training Centre**

**ASTC TRAINING REQUEST FORM**

**In house Training**

**EMPLOYEE INFORMATION (Client)**

Employee Name		Email Add.	
Job Title		Office Tel No.	
Deapartment		Mobile No.	
Name of the company		Location	
Address			

**COURSE INFORMATION**

Course Title			
Course Content (Topic)			
Course Duration	Start Date:	End Date:	No. of Days :
Course Level Attendees (Optional)			No. of attendees :
Proposal Date of Submission	DD/ __ __	Month /	Year: 20__ __
Estimated Budget (if any)			
Training Venue to be held			
ASTC Contact Person (optional)			

**for ASTC USE ONLY**

Proposal Date Send :	DD/ __ __	Month /	Year: 20__ __
Proposal Offer Validity Date :	DD/ __ __	Month /	Year: 20__ __

*Remark's*

Signature