**Annex 1**

**APPLICATION FOR ENERGY MANAGER ACCREDITATION**

1. NAME:
2. NATIONAL ID NUMBER:
3. ORGANIZATION:
4. DESIGNATION:
5. IMMEDIATE SENIOR OFFICIAL TO WHOME YOU REPORT (NAME & DESIGNATION):
6. CONTACT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS | ORGANIZATIONAL | PERSONAL | |
| ADDRESS: |  |  | |
| TELEPHONE NUMBER: |  | PRIVATE |  |
| OFFICIAL |  |
| EMAIL: |  | PRIVATE |  |
| OFFICIAL |  |
| FAX. NUMBER: |  |  | |

1. EDUCATION QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| DEGREE/DIPLOMA ETC. | RESULTS | INSTITUTE |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. WORK EXPERIENCE

|  |  |  |
| --- | --- | --- |
| ORGANIZATION AND DURATION OF WORK | DESIGNATION | TYPE OF WORK CARRIED OUT |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. TRAINING PROGRAMMES

|  |  |  |
| --- | --- | --- |
| INSTITUTION | PROGRAMME | DURATION |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. SCOPE OF WORK (FACILITIES RESPONSIBLE)

|  |  |  |  |
| --- | --- | --- | --- |
| FACILITY NAME | ADDRESS | AVERAGE ANNUAL ENERGY CONSUMPTION (TOE) | CEB/LECO ACCOUNT NUMBERS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

DATE: SIGNATURE OF APPLICANT:

1. CEO’S RECOMMENDATION

MR./MS. ……………………………………………………………………………………………………………………………. HAS BEEN NOMINATED AS THE ENERGY MANAGER OF THE ……………………………………………….................................. …………………………………………………… (ORGANIZATION/SITE)

DATE: NAME AND SIGNATUE OF THE CEO

COMPANY STAMP

NOTES:

1. APPLICANT SHOULD SUBMIT COPIES OF THE EDUCATIONAL/TRAINING CERTIFICATES ALONG WITH THE APPLICATION
2. IF THE APPLICANT IS ELIGIBLE FOR ACCREDITATION HE/SHE SHALL BE AWARDED AN ACCREDITATION CERTIFICATE WHICH MAY BE REVOKED IF THE APPLICANT FAILS

EXAMINATIONS AND PERFORMANCE REVIEWS CONDUCTED BY SRI LANKA SUSTAINABLE ENERGY AUTHORITY.