|  |  |
| --- | --- |
| **Part 1**

|  |
| --- |
|  **Training Program Details** |

 |

|  |  |
| --- | --- |
| (1.1) Title of the Program  |   |
|  |
| (1.2) ERD Code | ER D Co d  |  (1.3) Duration in Weeks | .  |

|  |  |
| --- | --- |
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| **Part 2**  **Official Information** |

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|  |  |
| --- | --- |
| (2.1) Ministry |   |
|  |
| (2.2) Agency  |   |
|  |
| (2.3) Official Address | of the wo ace |
|  |  |
|  | Address of the w place |
|  |
| (2.4) Telephone Number | Official e no. | (2.5) Fax  |  . |
|  |
|  (2.6) Email  | Official Email Ad dress |

|  |  |
| --- | --- |
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| --- |
|  **Personal Information****Part 3**  |

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|  |  |
| --- | --- |
| (3.1) Name of Nominee (As shown in the Passport) |  Enter your name as a ppeared in  |
|  |
|  | your passport  |
|  |
| (3.2) Sex |   | (3.3) Present Designation | Designat ion |
|  |
| (3.4) Home Address | Click to enter home address he re |
|  |  |
|  |   |
|  |
| (3.5) National Identity Card Number | . | . | . | . | . | . | . | . | . | . | . | . |
|  |  |  |  |  |  |
| (3.6) Passport No. |   | (3.7) Mobile Number |  . |
|  |
| (3.8) Email |  | .  |
|  |
| (3.9) Date of Birth (DD/MM/YY) |   |  (3.10) Age (Years) | .  |
|  |
| (3.11) Years of Service to the Government in the Nominee's Career |   |
|  |  |
| (3.12) Years of Service in the present Agency  | .  |
|  |
| (3.13) Name of the contact person in an emergency | .  |
|  |  |
| (3.13.1) Relationship |   | (3.13.2) Mobile Number |   |

 **Academic Qualifications (Higher Education)**

**a**

**Part 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Institution | Country | Qualification | Year |
| .  |   |   | .  |
|  . | .  | .  | .  |
| .  | .  | .  | .  |
| .  | .  | .  | .  |

**Part 5**

  **No. of Previous Foreign Training Attended in the past 3 years by the Nominee**

|  |  |  |
| --- | --- | --- |
| Duration | Countries | No. of trainings |
| Less than one week | .  | .  |
| Greater than one week & Less than 12 weeks(three months)  | .  | .  |
| Greater than 12 weeks & Less than 32 weeks (8 months)  |   | .  |
| Greater than 32 weeks | .  | .  |

 **Nominee's Declaration**

**Part 6**

|  |  |
| --- | --- |
| I, the undersigned, certify that the details provided in this form describe myself, my qualifications and my experience, truly and correctly. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  Date:  |   |  Nominee's Signature |  |

 **Certification of the Head of Department**

**Part 7**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Relevancy of this Training Programme to Nominee's Work (Please Check only one Box) | Vital for present work  | Directly Related to Present Work  | Connected to Present Work | Helpful in Future Work  | For Promotions  | Other (Specify)  |
|  |  |  |  |  |  |
| I certify the accuracy of the information given above.   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date |  |  | Signature of Head of the Department & the Stamp |  |