|  |  |
| --- | --- |
| **Part 1**   |  | | --- | | **Training Program Details** | |

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (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 | | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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 |  |