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

1.1 Title of Programme

1.2 ERD Code 1.3 Duration in Weeks

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

2.1 Ministry

2.2 Agency

2.3 Official Address

2.4 Telephone Number 2.5 Fax

|  |  |
| --- | --- |
| 2.6 Email   |  | | --- | | **Personal Information**  **Part 3** | |

3.1 Name of Nominee (As in the Passport)

3.2 Sex 3.3 Present Designation

3.4 Home Address

3.5 National Identity Card Number 3.6 Passport Number

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

**a**

**Part 4**

Academic Qualifications (Higher Education)

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |

**Part 6**

Nominee's Declaration

|  |  |
| --- | --- |
| 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 ……………………………

**Part 7**

**Certification of the Head of Department**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

and the Stamp