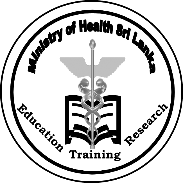
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Ministry of Health, Nutrition & Indigenous Medicine

Education, Training & Research Unit

**Fund Request for Individual Training Programme**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BASIC DETAILS | 1 | Name with Initials |  | | | | | | | | | | | |
| 2 | Date of Birth |  | | | | 3 | | Age | |  | | Years | |
| 4 | NID Number |  | | | | 5 | | Gender | | Male  Female | | | |
| 6 | Designation |  | | | | | | | | | | | |
| 7 | Place of Work |  | | | | | | | | | | | |
| 8 | Unit Attached |  | | | | | | | | | | | |
| 9 | Confirmed in the service | Yes  No | | | 10 | | If yes, date confirmed | | | |  | | |
| CONTACT DETAILS | 11 | Contact Address |  | | | | | | | | | | | |
| 12 | Telephone Nos. | Mobile |  | | | | | Office | | |  | | |
| 13 | Fax No |  | | | | | | | | | | | |
| 14 | Email Address |  | | | | | | | | | | | |
| DETAILS OF THE TRAINING | 15 | Name of the Training |  | | | | | | | | | | | |
| 16 | Name of the training institute |  | | | | | | | | | | | |
| 17 | Institution Type | Government  Semi-Government  Private | | | | | | | | | | | |
| 18 | Date of Commencement |  | | 19 | | Duration | | |  | | | | Days/Months/Years  [Select the relevant] |
| 20 | Course fee | Rs. | | | | | | | | | | | |
| 21 | Is this training a requirement for grade promotion/ efficiency bar according to the Scheme of Recruitment/ Service Minutes? | | | | | | | | Yes  No | | | | |
| 22 | Brief Justification for Participation in the Training  [Add separate sheet if necessary] |  | | | | | | | | | | | |
| PAST TRAINING | 23 | Details of Training Programmes Previously Funded by the ET&R Unit  [Add separate sheet if necessary] |  | | | | | | | | | | | |
| 24 | If previously funded by the ET&R unit, have you submitted Certificate/s of Participation to the ET&R Unit? | | | | | | | | | | Yes  No | | |
| ATTESTATION | * I certify that the particulars given above are true and accurate. * I agree to provide my service related to the training for a period specified by the Ministry * I agree to sign a bond if required [Only if the course is a Diploma OR a Degree OR the course fee is Rs 100,000 or more]   Date: ………………………………………………………………… …………………………………………………………………………………………….  Signature of the Applicant | | | | | | | | | | | | | |
| RECOMMENDATION | Recommendation by the Head of the Institution/ Decentralized Unit   * This applicant is requesting Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the following training:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * This training is relevant / not relevant to the duties of the applicant * The applicant neither subjected to any disciplinary inquiry currently or not intended to initiate any disciplinary inquiry against him/her in future * If selected for the training leave can be granted without interruption to the service/ leave cannot be granted * Recommended/ Not recommended * Any other comments:   Date: ………………………………………………………………… ……………………………………..……………………………………………………………………………………….  Signature of the Head of the Institution/ Decentralized Unit  Place the official frank: | | | | | | | | | | | | | |
| CHECK LIST | The following documents are attached:  Course brochure  Course objectives  Evidence of course fee  Letter of selection  Other: ........................................................................................................................................................................................... | | | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | | |
| **Note:**   * All the sections should be duly completed. Any partially filled applications will not be considered and will be rejected. * When filling the application electronically, to tick check box, double click on the text box and select Default Value as ‘Checked’ * Ensure to submit the application well in advance allowing adequate time to process * For further details contact Health Management Assistant on Individual Training at the Education, Training & Research Unit of the Ministry of Health [Telephone: 0112692213] | | | | | | | | | | | | | | |