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Ministry of Health, Nutrition & Indigenous Medicine

Education, Training & Research Unit

**Fund Request for Individual Training Programme**

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| 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 UnitPlace 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]
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