

Secretary / Ministry of Health

Director General of Health Services

**Nomination of Officer/s for Fellowship / Seminar / Workshop**

Description of Fellowship

Duration / From :-

Country :-

<b><u>Name, Designation &amp; Institution</u> <u>National Identity Card Number</u> <u>and Mobile Phone Number</u></b>	<b>Age</b>	<b>Justification for nomination</b>	<b>Previous trips abroad (This year &amp; Last two years)</b>

Signature and official frank

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Relevant Deputy Director General /

\_\_\_\_\_

Date

\_\_\_\_\_