**In-service HRD Application Form (Training of Trainers)**

**I. Particulars of the Nominee**

 a) Name :

1. Gender :
2. Date of Birth :

 g) CID Number :

 h) Qualification :

j) *Contact details*

 Mobile number :

 Email :

**II. Details of Training applied for:**

 a) Training title : b) Funding Agency :

 c) Institute & Location :

 d) Start Date and Duration :

**III. Work Profile:**

* + 1. Designation :
		2. Organization :
		3. *Job description*  :
			1. .............................................................................................
			2. .............................................................................................
			3. .............................................................................................
		4. Date of appointment to the current organization :

 ***(Attach appointment letter)***

1. **Education Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Course** | **Institute/College** | **University/Board** | **Marks obtained (Percentage)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Details of latest past Training *including long-term study, Seminars/Study Tours/Workshops (mention only three)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Institution & Location (Mention Country Also)** | **Dt./Month/Year** | **Duration (in mm)** | **Funding Agency** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I hereby certify that the above information is correct to the best of my knowledge. I understand that I am liable to be subjected to disciplinary actions by appropriate authorities in the event that they find the above information incomplete and incorrect.

 **(Signature of the Candidate)**

**VI. Recommendations of the HR/Head of the Nominating Agency (attached additional pages if necessary)**

1. **Give reasons for nominating the particular candidate.
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1. **Description of the use of this training to the Organization/Agency/Institute (attached additional pages if necessary)
……………………………………………………………………………………………………………………….**

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I hereby on behalf of my organization certify that s/he is the most suitable person in terms of the qualifications and the relevance of the present responsibilities to the training and also in terms of his/her positive financial integrity as supported by audit clearance. I also certify that s/he fulfills all criteria laid down in the HRD Rules and Regulations and does not abrogate any clause of the Rules and Regulations and the Laws of the Kingdom.

***I hereby certify that on completion of the training program, the nominee will serve in the same/higher position with the organization for the duration specified in the HRD Rules and Regulation for non-civil service sector of the MoLHR.***

**RECOMMENDATION FROM HR/ADMIN.**

**Date & Place:**

**Name & Designation: Seal and Signature**

**Endorsement from head of the agency/Institute**

**Name & Designation of Applicants: Seal and Signature**

**Document to be attached with this form:**

1. CID copy
2. Security Clearance
3. Curriculum Vitae
4. Academic qualification transcript
5. Appointment letter
6. Evidence of regular appointment (Income statement)

**For Official Use Only**

**vefification (DTE, MoLHR)**

 **Date & Place:**

**Name & Designation: Seal and Signature**

**Document to be attached with this form:**

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