



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	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	6	Designation					
	7	Place of Work					
	8	Unit Attached					
	9	Confirmed in the service	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Government	<input type="checkbox"/> Semi-Government	<input type="checkbox"/> 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?				<input type="checkbox"/> Yes	<input type="checkbox"/> 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?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

ATTESTATION	<ul style="list-style-type: none"> <li>• I certify that the particulars given above are true and accurate.</li> <li>• I agree to provide my service related to the training for a period specified by the Ministry</li> <li>• 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]</li> </ul> <p>Date: .....</p> <p style="text-align: right;">..... Signature of the Applicant</p>
RECOMMENDATION	<p>Recommendation by the Head of the Institution/ Decentralized Unit</p> <ul style="list-style-type: none"> <li>• This applicant is requesting Rs. _____ to attend the following training: _____</li> <li>• This training is relevant / not relevant to the duties of the applicant</li> <li>• The applicant neither subjected to any disciplinary inquiry currently or not intended to initiate any disciplinary inquiry against him/her in future</li> <li>• If selected for the training leave can be granted without interruption to the service/ leave cannot be granted</li> <li>• Recommended/ Not recommended</li> <li>• Any other comments:</li> </ul> <p>Date: .....</p> <p style="text-align: right;">..... Signature of the Head of the Institution/ Decentralized Unit</p> <p>Place the official frank:</p>
CHECK LIST	<p>The following documents are attached:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Course brochure</li> <li><input type="checkbox"/> Course objectives</li> <li><input type="checkbox"/> Evidence of course fee</li> <li><input type="checkbox"/> Letter of selection</li> <li><input type="checkbox"/> Other: .....</li> </ul>

**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]