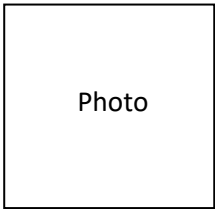




Government of Nepal  
Ministry of Health and Population  
National Health Training Center  
**TRAINER REGISTRATION FORM**



**PERSONAL INFORMATION**

Name (in Block Letter) :- .....

नेपालीमा : .....

Sex :-  Male  Female  Other (Specify) :- .....

Date Of Birth (yyyy/mm/dd) ( BS ):- .....

**HOME ADDRESS**

Province :-.....District:- .....

Municipality :-..... Ward No. :-.....

Phone No.:- .....

Email:- .....

**QUALIFICATION**

A. ....

B. ....

C. ....

D. ....

**Name of Training Conducted (In Past 5 Years)/If Co-Training name of training cotrained**

**Working Place & Experience**

Area Specialization: - .....

Current Designation: - .....

Current Organization :- ..... Level.....

Province: - ..... District:- .....Municipality :-.....

Phone No.:- .....Fax:-.....

Sitrol No.:- ..... Huric No.:- ..... Citizenship No.:-..... Council Reg. No:- .....

**PROFESSIONAL EXPERIENCE (Clinical Training Serviced Join Date)**

A. ....

B. ....

C. ....

- Enclose the Copy of Specialized Training Certificate/ Clinical T`raining.

.....  
Trainer's Signature

.....  
Head of Institution