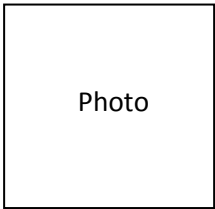




2069/12/23

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



**TRAINING EXPERTISE:-** .....

**PERSONAL INFORMATION**

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

नेपालीमा : .....

Sex :-  Male  Female  Other

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

**HOME ADDRESS**

District :- .....

VDC/Municipality :-..... Ward No. :-.....

Phone No.:- .....

Email:- .....

**QUALIFICATION**

A. ....

B. ....

C. ....

D. ....

**Training Experience & Expertise**

**WORKING PLACE & Experience**

Specialization Area :-.....

Current Designation :- ..... Duration :- .....

Current Organization :- .....

District :- ..... VDC/Municipality :-..... Ward No. :-.....

Phone No.:- .....Fax:-.....Post :- .....Level:- .....

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

**PROFESSIONAL EXPERIENCE**

A. ....

B. ....

C. ....

- Enclose the Copy of Specialized Training Certificate.

.....  
Authorized Signature.