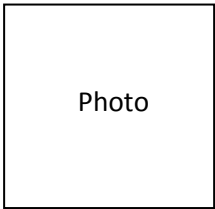




2069/12/22

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



Training Name :- Participant Trainer / Co-Trainer/co-ordinator

Training Site :- Region :-

Starting Date :-..... Ending Date:-..... Fiscal Year:-.....

PERSONAL INFORMATION

Name (in Block Letter) :-

नेपालीमा :

Sex :- Male Female Other

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

CURRENT HOME ADDRESS

District :-

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

Phone No.:-

Email:-

CASTE:-

- Dalit
Disadvantaged Janjati
Disadvantaged Non Dalit Terai Caste Group
Religious Minorities
Relatively advantaged Janjatis
Upper Caste Groups

Cadre

- 1. Medical :-
2. Nursing :-
3. Public Health :-.....
4. Paramedics :-
5. AHW/ANM:-.....
6. Others :-

Sponsor:-

- Government
Non Government (Specify) :-
Semi Government (Specify) :-
Self :-
Others (Specify) :-

WORKING PLACE

Working Organization :-

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

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

Civil S. Reg No(सिटरोल नं.):- HuRIC No.:-..... Citizenship No.:-..... Council Reg. No:-

Trainer Name & Sign.

Participant Sign.