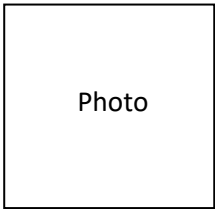




Government of Nepal  
Ministry of Health and Population  
National Health Training Center  
**TRAINING REGISTRATION FORM**



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 ):- .....

**PERMANENT ADDRESS**

Province/District :- .....

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

Phone No.:- .....

Email:- .....

**CASTE:-**

- Dalit
- Janjati
- Madhesi
- Muslim
- Brahmin/Kshetri
- Other

**Qualification**

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 :- .....

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

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

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

.....  
Participant Sign. Trainer Name & Sign. ....