



Government of Nepal
Ministry of Health and Population
National Health Training Center
Kathmandu

Photo

Training Registration Form

Training Name:-..... Participant Trainer /Co-Trainer/Coordinator

Training Site :- Province/District :-

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

Name of Trainings if Participated Previously (Specify) :-.....

PERSONAL INFORMATION

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

नेपालीमा :-

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

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

PERMANENT ADDRESS

Province:-.....District

Rural/Municipality/Sub/Metropolitan :-..... Ward No.:-.....

Contact No.:-

Email:-

CASTE:-

- Dalit
 Janjati
 Madhesi
 Adibasi
 Muslim
 Brahmin/Kshetri
 Other

CADRE

1. Medical :-
2. Nursing :-
3. Paramedics :-
4. Other (Specify):-

Sponsored

- Government :-
- Non Government :-
- Self:-
- Private Organization (Specify):-
- Other (Specify) :-

Qualification :-

WORKING PLACE

Working Organization (Office):-.....District.....

Province:-Rural/Municipality/Sub.Metro/Metropolitan:-.....

ContactNo.:-.....Designation:-.....Level:-.....

PIS. No.:- Citizenship No & Issued District :-..... Council Reg. No:-.....

Participant's Signature.Name of Trainer/ Coordinator & Signature.....

Note:

1. Trainer/Co-Trainer/Coordinator should also fill this Registration Form for TIMS of NHTC.
2. Participant must submit photocopies of renewed Council Registration & Citizenship Certificate with two copies of photos attached with this Registration Form.