



Madhesh Province Government
Ministry of Health and Population
Province Health Training Center
Pathlaiya, Bara

PHOTO

TRAINING REGISTRATION FORM

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

Training Site: Province :

Starting Date: Ending Date: Fiscal Year :

PERSONAL INFORMATION

Name (in Block Letter) :

नेपालीमा :

Sex : Male Female Other:

Date of Birth in BS. (Y/M/D) :

PERMANENT ADDRESS	CASTE
District :	<input type="checkbox"/> Madhesi <input type="checkbox"/> Dalit
Municipality : Ward No:	<input type="checkbox"/> Janajati <input type="checkbox"/> Muslim
Phone No:	<input type="checkbox"/> Adhibasi <input type="checkbox"/> Bramhin/Kshetri
E-mail :	<input type="checkbox"/> Others:

QUALIFICATION	SPONSORE
1. Medical :	<input type="checkbox"/> Government
2. Nursing :	<input type="checkbox"/> Non-Government (Specify) :
3. Public Health :	<input type="checkbox"/> Semi-Government (Specify) :
4. Paramedics :	<input type="checkbox"/> Self :
5. <input type="checkbox"/> AHW <input type="checkbox"/> ANM :	<input type="checkbox"/> Others (Specify) :
6. Others :	

WORKPLACE		
Working Organization :	District :	
Rural/Municipality :	Ward No :	
Phone No:	Post:	Level :
Shitrol No.	Citizenship No.	Council No.
.....

Participant's Sign : Trainer's Name: Trainer's Sign :

NOTE:

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