Province Government
Koshi Province
Ministry of Health

Health Training Center

Dhankuta

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):- ……

Qualification :- ……

Sponsored

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

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.