



Royal Government of Bhutan
Ministry of Labour and Human Resources

Department of Human Resources

Ex-country HRD Form

I. Particulars of the Nominee

- a) Name :
- b) Name, Occupation and Nationality of Spouse :
- c) Permanent Address :
- d) Security Clearance Certificate :
- e) Audit Clearance Certificate :
- f) Citizenship ID Card Number :
- g) Qualification :
- h) Date of Initial Appointment in Service :
- i) Date of appointment to the present organization :
(Attach appointment letters for (h) and (i))
- j) Job Designation :
- k) Present Job Description :
(Specify and elaborate in a separate sheet, endorsed by the immediate head/supervisor)
- l) Contact details
Mailing address :
Email :
Phone/mobile # :

II. Details of Training to be undertaken.

- a) Course Title/Field of Training :
- b) Funding Agency :
- c) Institution and Location (Mention Country also) :
- d) Start Date and Duration :

III. Details of all Past Training (including long-term study, Seminars/Study Tours/Workshops)

Course Title	Institution & Location (Mention Country Also)	Dt./Month/Y ear	Duration (in mm)	Funding Agency

(If the space provided is not sufficient, use a separate sheet)

I hereby certify that the above information is correct to the best of my knowledge. I understand that I am liable to be subjected to disciplinary actions by appropriate authorities in the event that they find the above information incomplete and incorrect.

(Signature of the Candidate)

IV. Recommendations of the Head of the Nominating Agency

(Attach separate recommendation from immediate head/supervisor for masters/phd programme)

i) Give reasons for nominating the particular candidate.

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ii) Description of the use of this training to the Organization/Agency/Company.

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I hereby certify that s/he is the most suitable person in terms of the qualifications and the relevance of the present responsibilities to the training and also in terms of his positive financial integrity as supported by audit clearance. I also certify that s/he fulfills all criteria laid down in the Training Rules and Regulations and does not abrogate any clause of the Rules and Regulations and the Law of the Kingdom.

Place :
 Date :

Signature
 (Name and Designation of
 the Head of the Organization):

APPROVAL (for official use)

Place :
 Date :

Signature
 Name :
 (Director, DHR, MoLHR)
