



Government Of Lumbini Province
Ministry Of Health
Health Training Center
Butwal, Nepal
Training Registration Form

Passport Size
Photo

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

Training Site:- Province/District:-.....

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

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

Personal Information

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

नेपालीमा:-

Sex:- Male Female Other(Specify)

Date Of Birth (YYYY/MM/DD)(BS):-

PERMANENT ADDRES:-

Province:..... District:.....

Rural/Municipality/Sub/Metropolitan:-

Ward No:..... Contact No:-

Email id:-

Cast:-

- 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:-.....
 Other (Specify):-.....

Working Place

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

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

Contact No :- Designation:-..... Level:-.....

Pis No:- Citizenship No & Issued District:-..... Council No:-.....

Participant's Signature: Name Of Trainer/Coordinator & Signature:.....

Note:

1. Trainer/Co-Trainer/Coordinator should also fill this registration Form for TIMS of Health Training Center.
2. Participant must-submit photocopies of renewed Council Registration & Citizenship Certificate with two Copies of Photo Attached with this registration Form.