



Training Registration Form

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

Training Site :- Province/District :-

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

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
 JanjatiM
 adhesi
 Muslim
 Brahmin/Kshetri
 Other

CADRE

1. Medical:-
2. Nursing:-
3. Public Health:-
4. Paramedics:-
5. AHW/ANM:-
6. Others (Specify):-

7. Academic Qualification: -.....

Sponsored:-

- Government
 Non Government(Specify):-

Self :-

Others (Specify) :-

WORKING PLACE

WorkingOrganization:-.....District.....

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

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

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

Participant's Signature.

Coordinator Name's &Signature.....