



བསྐྱོན་གྱིས་ལྷན་ཁག། མི་སྣོབས་ལས་ཚན།

HUMAN RESOURCE SERVICES
MINISTRY OF ECONOMIC AFFAIRS
Thimphu



NOMINATION & APPROVAL FORM- SHORT TERM TRAINING

Date:.....

I. DETAILS OF THE NOMINEE:

1. Name:..... EID No.....
2. Position Title:..... Qualification.....
3. Department/Division:.....
4. Email:..... Phone(O)..... Fax.....

II. DETAILS OF THE SHORT TERM TRAINING:

1. Title of the Training:.....
2. Commencement date Duration.....
3. Venue (Institute)..... City..... Country.....
4. Funding Agency(s):.....
5. Planned (YES/NO) (Slot No. if planned).....

III. NOMINATED BY:

1. Name:.....
2. Position Title:.....
3. Department/Division:.....

IV. PRESENT JOB DESCRIPTION OF THE NOMINEE:

- 1.
- 2.
- 3.

V. RELEVANCE TO THE NOMINEE: (The nominating authority shall be held accountable for the relevance of the training to the nominee, in case of discrepancies)

- 1)
- 2)
- 3)

Signature (Nominating Authority)



བསྐྱོན་གྱིས་ལྷན་ཁག། མི་སྤོབས་ལས་ཚན།

**HUMAN RESOURCE SERVICES
MINISTRY OF ECONOMIC AFFAIRS
Thimphu**



VI. Documents to be submitted

1. Security Clearance Certificate:.....Dated.....
2. Audit Clearance Certificate:.....Dated.....
3. Citizenship ID No(copy enclosed):.....

VII. Details of past trainings for the last two years (Including Meeting/Seminars/Study tours/Workshop/Certificate/Diploma/ Bachelors/PG Certificate/Diploma/Masters/PhD)

| Course Title | Institute & Location | Date | Duration | Funding Agency |
|--------------|----------------------|------|----------|----------------|
| i | | | | |
| ii | | | | |
| iii | | | | |
| iv | | | | |

I, hereby certify that above information is correct and, I understand that I am liable for disciplinary actions by the appropriate authorities in the event that they find the above information incomplete or incorrect.

(Signature of the nominee)

VERIFIED BY:

Signature:
Head of the Department/Division:

Signature
HRO (Concerned Dept.)

APPROVING AUTHORITY:

**(Hon'ble Secretary)
Ministry of Economic Affairs**