Reset Form Print Form

Bala Vikasa People Development Training Center

NOMINATION FORM

TITLE OF TRAINING PROGRAM: ..... **TRAINING DATES:** .....

PARTICIPANTS INFORMATION:

Last Name: .....

First Name & Middle Name: .....

Male ☐ Female ☐

Nationality: ..... Age: .....

Qualification: .....

Languages fluent: .....

Organization Name: .....

Address: .....

.....

City: ..... Country: .....

Email: ..... Phone: .....

Year of Joining in the above organization: .....

Designation: .....

No. of years experience in Community Development: .....

CONTACT DETAILS

Telephone: ..... Mobile No.: .....

Fax: ..... Email: .....

2. Experience in the area of Development Sector?

.....

.....

.....

.....

3. Experience in the area of the above Training Program?

.....

.....

.....

.....

4. Previous participation in development training programs if any?

Title	Dates	Venue

5. What are your expectations from the program?

i. .....

ii. .....

iii. .....

iv. .....

v. .....

Date: ..... ***Signature:*** .....

NOMINATING AUTHORITY:

Name: .....

Designation: .....

Name and Address of the organization: .....

.....

.....

Telephone: ..... Mobile No.: .....

Fax: ..... Email: .....

We would ensure fullest utilization for the enhanced capacity (through the above training) of our nominated staff and agree to fully cooperate with training organizers in monitoring its effective utilization.

Date:

Signature

(Seal of the nominating authority)

** Self-employed entrepreneurs should produce nominating authority from any development organization.

Venue	**Bala Vikasa People Development Training Centre**
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