



Madhesh Province Government  
Ministry of Health and Population  
**Province Health Training Center**  
Pathlaiya, Bara

PHOTO

**TRAINING REGISTRATION FORM**

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

Training Site: ..... Province : .....

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

**PERSONAL INFORMATION**

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

नेपालीमा : .....

Sex :  Male  Female  Other: .....

Date of Birth in BS. (Y/M/D) : .....

<b>CURRENT ADDRESS</b> District : ..... Municipality : ..... Ward No: ..... Phone No: ..... E-mail : .....	<b>CASTE</b> <input type="checkbox"/> Madhesi <input type="checkbox"/> Dalit <input type="checkbox"/> Janajati <input type="checkbox"/> Muslim <input type="checkbox"/> Adhibasi <input type="checkbox"/> Bramhin/Kshetri <input type="checkbox"/> Others: .....
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<b>CURRENT ADDRESS</b> 1. Medical : ..... 2. Nursing : ..... 3. Public Health : ..... 4. Paramedics : ..... 5. <input type="checkbox"/> AHW <input type="checkbox"/> ANM : ..... 6. Others : .....	<b>SPONSORE</b> <input type="checkbox"/> Government <input type="checkbox"/> Non-Government (Specify) : ..... <input type="checkbox"/> Semi-Government (Specify) : ..... <input type="checkbox"/> Self : ..... <input type="checkbox"/> Others (Specify) : .....
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<b>WORKPLACE</b> Working Organization : ..... District : ..... District : ..... Rural/Municipality : ..... Ward No : ..... Phone No: ..... Post: ..... Level : .....			
Shitrol No. .....	Huric No. .....	Citizenship No. .....	Council No. .....

Participant's Sign :                      Trainer's Name: ..... Trainer's Sign :

**NOTE:**

1. Trainer/Co-Trainer/Coordinator should also fill this Registration Form for record of PHTC.
2. Participant must submit photocopies of renewed Council Registration & Citizenship Certificate with two copies of photos attached with this Registration Form.