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| COURSE NAME: – International Training Programme on “Audit of Extractive Industries” from 16th to 28th March, 2020 at International Centre for Environment Audit & Sustainable Development (iCED), Jaipur (INDIA) – Global Training Facility of INTOSAI - WGEI | *Please affix recent passport size photo here* |

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| Part A : Personal Details | | | | | |
| 1. Name of the Applicant: Ms/Mrs/Mr ………………………………………………….. | | | | | |
| 1. Nationality (Pl. attach a copy of Passport): | | | | | |
| 1. Date of Birth in the format dd/mm/yyyy: | | | | | |
| 1. Sex: Male/ Female | | | | | |
| 1. Office Address: | | | | | |
| 1. Office telephone with country and area code: | | | | | |
| 1. Office fax: | | | | | |
| 1. Residential phone number with country and area code | | | | | |
| 1. Cell phone (Mobile) number: | | | | | |
| 1. E-mail address (personal or official): | | | | | |
| 1. Hobbies/ areas of interest: | | | | | |
| 1. Any medical information you would like to state including Blood Group: | | | | | |
| 1. Contact Details of the person to be notified in emergency: | | | | | |
| 1. Name | | | | | |
| 1. Address | | | | | |
| 1. Telephone No | | | | | |
| 1. Cell phone number | | | | | |
| 1. E mail address | | | | | |
| 1. Relationship to applicant | | | | | |
| Part B: Educational details | | | | | |
| 1. Educational Qualification of the Applicant: | | | | | |
| Name of Degree/diploma | **Name of Institute/university** | **Location** | | **Year of passing** | **Subjects studied** |
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| 1. Employment Details: | | | | | |
| 1. Name of the Employer | | | | | |
| 1. Designation | | | | | |
| 1. Date of Joining | | | | | |
| 1. Job Profile | | | | | |
| 1. Experiences (please provide details of the last five years experiences starting with the present post going back in time) | | | | | |
| Post | | | **Job description** | | |
| 1. Present post: from ………………to …………… | | |  | | |
| 1. ……………………from……………to……………… | | |  | | |
| 1. Knowledge of languages: *Note: In case you have obtained any testimonial/certificate in respect of proficiency in English, the same may please be attached* | | | | | |
| Language | | | **Level of proficiency (rate yourself on a scale of 1 to 5, with 5 being very proficient.)** | | |
| 1. English | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| 1. Please mention briefly your expectations from the training   PART C: Statement and Declaration by the Candidate | | | | | |
| *In case of my selection for the training I undertake to abide by the conditions as may be stipulated by my Government/Ministry/Parent Department and to accepting instructions of the Government of India and also undertake to carry out all instructions and follow the rules and regulations of the respective institution in respect of the training course and to assist to cooperate with the institution in respect of conduct and evaluation of the training course. I further undertake not to undertake any political or other activity detrimental to the interest of the Government of India and to return to my country immediately after the completion of the training. The statements made in 'Part-A and Part B' are true and correct.* | | | | | |
| Name (in Capital letters): | | | | | |
| Signature | | | | | |
| Date: | | | | | |
| PART D: To be filled in by Head of Department | | | | | |
| 1. Please briefly mention the applicant’s training needs as assessed by you: | | | | | |
| 1. Once the candidate completes his training successfully is there any plan to shift him/her in his/her job to make full use of the learning during the course? If so? Where and how? | | | | | |
| 1. Anything else you would like us to know about the candidate? | | | | | |
| PART E: Declaration by Head of Department | | | | | |
| *I certify that I have verified the statements made by the candidate in respect of himself/herself in Part-A and have checked the copies of certificates being submitted against their originals and I am satisfied that they are authentic and related to the candidate. I have also ensured that the candidate has working knowledge of English which is sufficient for him/her to derive the maximum benefit out of the training.*  *I hereby nominate…………………………………………………………………………………………… (Name of the candidate) on behalf of the Government of………………………………………………………….* | | | | | |
| *Signed ………………………….* | | | | | |
| *Designation……………………..* | | | | | |
| *Date…………………………….* | | | | | |
| *Seal……………………………..* | | | | | |