

**Personal Detail Form of Participants, under the Capacity Building Programme of Anti
leprosy campaign Ministry of Health**

Please fill/type in Block Letters

1. Full name of the participant

2. Name with Initials of the participant

3. Designation of the participant

4. Current Place of Work of the participant

5. National Identity Card Number of the participant (*Please attach a certified copy of the NIC*)

6. Passport details (*Please attach a certified copy of the identification pages of the Passport*)

Passport Number									
Date of issue	YYYY			MM		DD			
Date of expiry	YYYY			MM		DD			

7. Name of Training Programme and Country

8. Contact Details of the participant

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Office Address	
Office Phone Number	
Office Fax Number	
Mobile Phone Number	
Home Phone Number	
Home Address	
Email Address	

9. Date of Birth of the applicant

YYYY				MM		DD	

10. Current Grade and Service of the participant in the Government Service

Service	
Grade	

11. Any previous overseas training programs/visits participated

Country	Programme	Year

Declaration of the candidate

I certify that

1. The above particulars furnished by me are true and correct.
2. I am of good physical and mental status to undertake the training in a foreign country.

Date: _____
(DD/MM/YYYY)

Signature of Applicant