



शिक्षा, विज्ञान तथा प्रविधि मन्त्रालय  
शिक्षा तथा मानव स्रोत विकास केन्द्र  
सानोठिमी, भक्तपुर

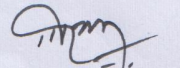
पत्र सङ्ख्या : २०७८।०७९  
च.नं.:

अनलाइन तालिम कार्यक्रमका लागि आवेदन पेस गर्ने बारेको सूचना

शिक्षा, विज्ञान तथा प्रविधि मन्त्रालय, कर्मचारी प्रशासन तथा सुशासन प्रबर्द्धन शाखा, सिंहदरबार, काठमाडौंको च.न. ८८३ मिति २०७८/१२/०१ को पत्रानुसार मलेसियाको विभिन्न संस्थाद्वारा सञ्चालन हुने तपसिलबमोजिमको अनलाइन तालिम कार्यक्रममा उपयुक्त उमेदवार मनोनयन गरी पठाउन निर्देशन प्राप्त भएकाले इच्छुक तोकिएको मापदण्डअनुसारका विद्यालयका प्रधानाध्यापक/शिक्षकहरूले यसैसाथ संलग्न आवेदन फाराम भरी मिति २०७८/१२/२३ गते कार्यालय समयभित्र यस केन्द्रमा नियुक्त पत्र र नागरिकताको प्रमाणपत्रको प्रतिलिपिसहित आवेदन फाराम बुझाउनुहुन अनुरोध छ। साथै भरेको आवेदन फाराम स्वीकृत गरी teachertrainingsection@gmail.com मा समेत सोही समयभित्र पठाउन सकिने छ। उक्त समयभित्र प्राप्त नभएका आवेदनमाथि कुनै कारवाही गरिने छैन।

देहाय :

SN	Country/ Institutions	Course	Criteria	Number of Candidate	Training start date	Deadline
1	Malaysia/Center for Instructor and Advanced Skill Training (CIASST)	The Arts of TVET Trainers	Technical trainers, vocational training managers, officers and lecturers of government institutions/departments related course.	3	08-12 August 2022	01 <sup>st</sup> July 2022
2	Malaysia/ Southeast Asian Ministers of Education Organization, Regional Center for Education in Science and Mathematics (SEAMEO RECSAM)	Instructional Design using Blended Learning Model in Secondary Science and Mathematics	Secondary Science and/or mathematics teachers or teacher educators/national trainers/educators from Ministry of Education and other public agencies of MTCP recipient countries. The priority of selection will be given to applicants whose major task areas are secondary science and/or mathematics.	3	20 June- 1 July 2022	13 <sup>th</sup> May 2022

  
(गीरमान थापा)  
निर्देशक



**MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)**

Please affix  
passport size  
photograph

**APPLICATION FORM (ONLINE) 2022**

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

**FOR OFFICIAL USE ONLY**

Reference no	:	_____	
Received	:	_____	
Checked	:	_____	
Recommendation: by Mission	:	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO

Title of Course:	Date of Course:
------------------	-----------------

**1. PERSONAL DETAILS**

Family Name (surname):	Date of birth : Day   Month   Year
First Name:	Citizenship:
Other Names:	Gender:
City and country of birth:	Marital status:
Passport No.: Type of Passport: (Diplomatic/Official/Regular) Expiry Date:	Religion:

**2. CONTACT DETAILS**

Mailing Address:	Office Address:
Mobile: Country   Area   Number	Home: Country   Area   Number
Office: Country   Area   Number	Fax: Country   Area   Number
Email:	
Person to be contacted in case of emergency :	
Family Name: Relation: Mobile Number: Address: Email:	Office Name: Position: Mobile Number: Address: Email:

**3. EDUCATION**

Name of institution and place of study	Major/Field of study	Years	Degree

**4. EMPLOYMENT RECORD**

A. Present or most recent post	B. Previous post
Employer:	Employer:
Years of service ( from – to):	Years of service (from – to):
Title of your post/position:	Title of your post/position:
Type of organization: Government / Semi Government / Private / NGO	Type of organization: Government / Semi Government / Private / NGO

Please describe briefly your work including your responsibility.

\*Please continue on supplementary pages if necessary

**5. REASONS FOR APPLYING THIS COURSE**

Have you participated in any training programme in Malaysia before?: YES/NO

Name of Programme:

Organiser:

Year:

Have you participated in any MTCP training programme in Malaysia before?: YES/NO

Name of Course:

Name of Training Institute:

Year:

Please state briefly the reasons for applying to this course and how you hope to benefit from the course.

**6. ENGLISH LANGUAGE PROFICIENCY**

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : \_\_\_\_\_

7. APPLICANT'S DECLARATION

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of applicant Representing Country

Declare that:

- a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training; and
- c) I grant my portrait right licence to MTCP, which is to allow MTCP to shoot photographs and/or videos of my participation to the MTCP and utilize them for the public relation materials of MTCP where and when necessary.

Upon successful selection for the training award, I undertake to:

- a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
- b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- c) submit/present any report which may be required;
- d) refrain from engaging in political activities and any form of employment for profit or gain; and
- e) discontinue the course should I be found guilty of misconduct or be medically unfit.

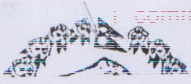
I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect.

Date

Signature of applicant

\_\_\_\_\_

\_\_\_\_\_



8. TO: GOVERNMENT OF MALAYSIA

**LETTER OF INDEMNITY**

\_\_\_\_\_, Passport Number: \_\_\_\_\_ having an address at \_\_\_\_\_, hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and \_\_\_\_\_ against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or \_\_\_\_\_ or incurred or become payable by the Government of Malaysia and/or \_\_\_\_\_ in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with \_\_\_\_\_ which is appointed by the Government of Malaysia. Dated this \_\_\_ day \_\_\_ of 2022.

Signature of applicant )  
 Name of applicant )  
 Date )

In the presence of  
 Signature of Witness )  
 Name of Witness )  
 Designation of Witness )  
 I/C or Passport No. )

NOTE : This application form should be duly completed and endorsed by the National Focal Point incharge of Technical Cooperation in your country. Forms which are incomplete or not endorsed will not be accepted.

9. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION BY THE NOMINATING AGENCY

On behalf of the Government of \_\_\_\_\_, I \_\_\_\_\_  
Country Name of Official

Certify that :

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant;
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history; and
- c) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate ( Dr/Mr/Mrs/Ms\* ) \_\_\_\_\_ holding Passport No.: \_\_\_\_\_ for the training course.

\_\_\_\_\_  
Name and Designation

\_\_\_\_\_  
Signature and Official Stamp  
\_\_\_\_\_  
Country code - Area code - Office tel no.

\_\_\_\_\_  
Name and Organisation

\_\_\_\_\_  
Country code - Area code - Office tel no.

\_\_\_\_\_  
Email address

ENDORSEMENT BY THE NATIONAL FOCAL POINT INCHARGE OF TECHNICAL COOPERATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address  
(Official Stamp)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Name of Organisation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Country code - Area code - Office tel no.

\_\_\_\_\_  
Country code - Area code - Office tel no.

NOTE : This application form should be duly completed and endorsed by the National Focal Point incharge of Technical Cooperation in your country. Forms which are incomplete or not endorsed will not be accepted.