



HUMAN RESOURCE DEVELOPMENT COUNCIL

HRDC, 4th Floor, NG Tower, Ebene Cybercity. Tel No: 454 4009. Fax No: 454 6220/6260

Website: www.hrdc.mu

FORM G1

GRANT APPLICATION FORM – G1

<i>For Internal Use</i>
SN:.....
DATE:.....
SIG:.....

1. IDENTIFICATION

Name of Enterprise:

Address:

Tel: Fax:

E-mail address (For all future correspondences from HRDC):

Employer's Registration Number with the National Pension Fund:

2. CONTACT DETAILS (FOR MONITORING PURPOSES ONLY)

Name of officer : Tel:

3. NATURE OF BUSINESS

Sector:

4. PROGRAMME / COURSE TITLE

Course Title (as approved by MQA/TEC) :

5. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR ENTERPRISE'S NEEDS AND/OR OBJECTIVES

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6. TYPE OF TRAINING (To complete sub-section (a),(b) or (c))

a. INSTITUTIONAL TRAINING (Applicable for course conducted to employees of several companies on the same date and time)

Name of Training Institution:

Address of Training Institution:

Tel No: Fax No:

Name of Approved Trainer/s:

b. INHOUSE TRAINING (Applicable for course conducted only for employees of an enterprise on the same date and time)

Course to be provided by:

Address of Course Provider:

Tel No: Fax No:

Name of Approved Trainer/s	In House Internal Trainer	In House External Trainer	In House Foreign Trainer

c. OVERSEAS COURSES

Institution providing Training:

Address:

Country:

Tel No: Fax No:

Departure date: Date of course:

7. COURSE BUDGET

EXPENDITURE	(Rs)
Course fees per pax as approved by MQA(Rs)
Number of participant/s
Total Course fees(Rs)
<u>Other costs:-</u>	
Air fares(Rs)



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8. EMPLOYEE/S STATUS

Name/s of employee/s who will be attending the training program and position held:

Name of Employee/s	Position Held	ID
.....
.....
.....
.....

(Note: Please attach additional list if necessary)

Is/Are the above employee/s on your enterprise's payroll?

Yes

No

If no, clarify:

Is levy being paid for the/these employee/s?

Yes

No

If no, clarify:

Is/Are the employee/s financially sponsored in full by your enterprise?

Yes

No

Has your company applied for any form of financial support for this particular training programme from any other organization?

Yes

No

If yes, please state name of organization and present status of application

.....

9. TOTAL NO. OF TRAINEES, VENUE AND SCHEDULE OF TRAINING

	Starting Date & Time	Ending Date & Time	No of trainees/Batch
First batch
Second batch

Total No. of Trainees:

Venue:

(Please attached detailed time table if necessary)



10. DOCUMENTS TO BE SUBMITTED

	Tick relevant box
Detailed Timetable with exact start and end time (Batchwise)	
CV of Foreign Trainer (for In-House Course only)	
Copy of MQA Course Approval	
Name of Participants as per ID, ID Number and Position Held (Batchwise)	

11. DECLARATIONS

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact. We understand that if we obtain the grant by false or misleading statements, the HRDC may, at its discretion,

1. Withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed and
2. Take any other action deemed necessary.

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Signature

.....
Designation

.....
Name

.....
Date