



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) :

(Note: Course title on certificate of attendance should be the same 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. LOCAL TRAINING

Name of Training Institution/Course Provider:

Address of Training Institution/Course Provider:

Tel No: Fax No:

Name of Approved Trainer/s:

b. ONLINE TRAINING

Name of Training Institution:

Address of Training Institution:

Tel No: Fax No:

c. OVERSEAS TRAINING

Name of Training Institution:

Address of Training Institution:

..... 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	Period of Employment	
			(Tick as appropriate)	
			< 1 yr	> 1 yr
.....
.....
.....
.....

(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

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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)



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10. DOCUMENTS TO BE SUBMITTED

	Tick relevant box
Detailed Timetable with exact start and end time (Batchwise)	
Copy of MQA Course Approval (if available)	
Name of Participant 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