

Schedule 15:

In-Service Training Form

1. Particular of candidate

- a. Name :
- b. Employee ID No. :
- c. Position Title and Level :
- d. Citizenship ID No. :
- e. Date of Birth (dd/mm/yy) :
- f. Agency and Location :
- g. Contact No. :
- h. Permanent Address :
- i. Quota Reference No. & date :
 - i. Security Clearance Certificate :
 - ii. Audit Clearance Certificate :
 - iii. Medical Fitness Certificate :
- j. Qualification :
- k. Date of Initial Appointment :
- l. Attached current Job Description :

2. Details of the Training

- a. Course Title :
- b. Institute/City/Country :
- c. Commencement date of the course :
- d. Source of funding :

3. Details of all past training

Course Title	Institute/Country	Start Date	Duration	Source of funding

I, hereby certify that the above information is correct to the best of my knowledge. I understand that I am liable to be subjected to disciplinary actions by appropriate authorities in the event that they find the above information incomplete and/or incorrect.

Date: _____ (Name and Signature of the Candidate)

Official use only

4. Approval of the Human Resource Committee (Attach copy)
5. Verification: The officials countersigning this form shall be accountable and liable for disciplinary action in case information provided is incomplete and/or incorrect.

Signature

Signature

Name of HR Officer

Name & Position Title

Date:

Seal of the Head of the department/Division

Signature

Name & Position Title

Seal of the Head of the Corporation

Date:

** For in country short term training, candidate is not required to produce the documents.

** For ex-country short term training, the original documents are to be retained with HQ, corporation.

** For long term training, original documents and a copy of citizenship identity card are to be submitted to the HQ of the corporation.