



དཔལ་ལཱ་ལ་བསྐྱེད་ཀྱི་ལྷན་ཁག་གི་  
 ལྷན་ཁག་གི་འཕེལ་རྒྱུ་ལྷན་ཁག་

**ROYAL GOVERNMENT OF BHUTAN**  
**ROYAL CIVIL SERVICE COMMISSION**



**FELLOWSHIP NOMINATION FORM – H.R.D.4**

**I. Brief Particulars of the Candidate Nominated**

- a) Name :
- b) Employee ID No. :
- c) Designations, Place of Posting & Employing Agency :
- d) Date of Birth and Age :
- e) Father's Name :
- f) Name, Occupation and Nationality of Spouse :
- g) Permanent Address :
- h) For long-term courses all documents in Original will have to be submitted to the RCSC. For short-term courses all documents in Original will have to be retained with the Agency. References numbers are to be quoted in the HRD and forwarded to RCSC :
  - i) Security Clearance Certificate :
  - ii) Audit Clearance Certificate :
  - iii) Citizenship ID Card Number :
- i) Qualification :
- j) Date of Initial appointment in Govt. Service :
- k) Date of appointment to the present position :
- l) Present job description (State Briefly)
  - 1)
  - 2)
  - 3)

**II. Details of Training to be Undertaken**

- a) Course under HRD Master Plan or Ad-hoc offer :
- b) Funding Agency :
- c) Course Title/Field of Training :
- d) Institution and Location (Mention Country also) :
- e) Date of start and duration :

**III. Details of all Past Training (including Seminars/Study Tours/Workshops)  
( If the space provided is not sufficient, use a separate sheet)**

Course Title	Institution & Location (Mention country also)	Dt./Month/Year	Duration (in m.m)	Funding Agency
i)				
ii)				
iii)				
iv)				

**IV. Special achievements/Research work done/Extracurricular activities  
(mention briefly and enclose proof if necessary)**

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 or incorrect.

**(Signature of the Candidate)**

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**V. Recommendations: -**

- i) Give reasons for nominating the particular candidate.
- ii) Justify the use of this training to the Ministry/Department.

I, hereby certify that he/she is the most suitable person in terms of the qualifications and the relevance of the present responsibilities to the training and in terms of his positive financial integrity as supported by audit clearance. I also certify that he/she fulfills all criteria laid down in the Training Rules and Regulations and does not abrogate any clause of the Rules and regulations and the Law of Bhutan.

Place : Signature :

Date : Name & Seal of the Head of Dept/Agency :

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**RECOMMENDED**

Place : Signature :

Date : Name & Seal of the Head of the Ministry :

*\* The signature should be of the real incumbent and not of persons officiating on his /her behalf.*