In-service Training Nomination Form

Particulars of the Candidate Nominated I. a) Name: b) Employee ID No.: Designation: c) Place of Posting: d) e) Date of Birth: f) Name, Occupation and Nationality of Spouse: Permanent Address: g) h) Documents verified (quote reference numbers) * for long term excountry training: **Security Clearance Certificate:** (i) **Audit Clearance Certificate:** (ii) (iii) Citizenship ID Card Number: Qualification: i) Date of Initial appointment in the RGoB/ Election Commission of j) Bhutan: k) Date of appointment to the present position: l) Present job description (State Briefly) 1.....

2

II. Details of Training to be undertaken

- a) Planned (quote slot number) or unplanned:
- b) Course Title/Field of Training:
- c) Institute and Location (Mention Country:
- d) Course commencement and duration:
- e) Funding Agency:
- III. Details of all Past Training (including Seminars/Study Tours/Workshops) (if the space provided is not sufficient, use a separate sheet). Please start with the last training attended.

Course Title	Institute & Location (Mention Country)	Date (dd/mm/yy)	Duration (months)	Funding Agency
i)				
ii)				
iii)				
iv)				

IV. Special achievements/research work done/ extracurricular activities (mention briefly and enclose documentary evidence)

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.

V. Recommendations of the Head of Department or Division.

The authorities countersigning this form shall be accountable and liable for disciplinary action in case information provided is incorrect.

- i) Give reasons for nominating the particular candidate.
- ii) Description of the use of this training to the Agency

Place: Signature:

Date: Name & Designation of the Head of Dept/Divisions.

DECISION

Place: Signature:

Date: Name & Designation of the Head of the Agency:

List of Documents to be Submitted By a Candidate

- (i) Bhutanese Citizenship ID Card;
- (ii) Security Clearance Certificate;
- (iii) Audit Clearance Certificate;
- (iv) Training content and schedule from the Institute/Organization;
- (v) Attested copies of academic transcripts issued by an institute recognized by the RGoB/Election Commission of Bhutan;
- (vi) Offer of admission from the institute; and
- (vii) Any other documents that may be required by Election Commission of Bhutan.

Undertaking

I, Mr.	/ Mrs./ Miss son / daughter of Mr./Mrs.
	hereby accept the offer of scholarship from
	(mention sponsoring Agency) for studies in
	(mention the course) in
(men	tion institute/ university and country) for a duration of
I here	eby undertake to:
1.	Pursue the course and complete it within the duration specified in the letter of award No dated
2.	Not change to another course or institute.
3.	Abide by all Rules and Regulations of the Election Commission of Bhutan and the institute concerned.
4.	Not discontinue the course and/or leave the institute prior to completion of the course without written consent from the Election Commission of Bhutan.
5.	Complete my training/studies, return to Bhutan and continue in the services of Election Commission of Bhutan for a minimum period of two times the duration of the course, subject to a minimum of one year,

6. Pay to the Election Commission of Bhutan an amount equal to two times the expenses incurred on the training if:

unless the Election Commission of Bhutan terminates my services.

6.1 I discontinue the training for a reason other than ill health; or

6.2 I return to Bhutan without completing training; or

6.3 I do not return to Bhutan upon completion of my training; or

6.4 I return to Bhutan but voluntarily resign from my Agency without

rendering the specified duration of service.

I, hereby do confirm that I have been briefed on all Rules governing my training

and I have understood them, including the implication and consequences of

deviating from them.

In particular, I understand that in the event that I do not adhere to any one of

the above stated conditions, the guarantor and/or I shall be liable for legal

action by the Election Commission of Bhutan.

Sd/Place: (Affix Legal Stamp)

Date: Name & Office address

Caution: This is an important legal document and therefore, should be

executed after clearly understanding all the responsibilities, liabilities and

implications.

In the event of any failure on the part of the above-named person to abide by

this undertaking, I resident of hereby

undertake to refund to the Election Commission of Bhutan the stipulated

amount or accept my liability to any other penalty as may be decided by the

Election Commission of Bhutan.

In the event that I do not adhere to the above, I understand that I shall be liable

for legal actions by the Election Commission of Bhutan.

Sd/Place: (Affix Legal Stamp)	Date:
Name of Guarantor:	
Relation with the candidate:	
Occupation:	
Present address:	
Village:	
Mailing address:	
Witnesses:	
1)	
2)	

Departure Intimation Form for Fellowship Trainee

То,		
	Chief Election Commissioner of Bhutan Election Commission of Bhutan Thimphu	
1	Name of the Candidate:	
2	Present Designation:	
3	Title of Course/Programmes for which the candidate is nominated:	
4	Institute of training and location:	
5	Date of Commencement:	
6	Duration of Course and Completion:	
7	Date of Departure from Bhutan:	
8	Funding Agency:	
I hereby certify that the information given above is correct to the best of my knowledge.		
Plac	ce: Date:	
(Sig	nature)	

Course Joining Report Form and Bank Account Information

Chief Election Commissioner of Bhutan

Election Commission of Bhutan

5. Funding Agency :

6. Mailing address

7. Telephone #:

Thimphu	
Sir/Madam,	
I,details below:	have joined the Course/Training Programme as per
1. Course title	:
2. Institute & address	:
3. Start date of course and duration	:
4. Date of joining	:

I have opened the following bank account where payments of stipend and allowance can be remitted subsequently. (*To be completed by candidate.*)

e-mail:

Fax #

Name of the Bank:		
Complete Address of th	e Bank:	
Bank Account:	Fax # of the bank:	
Name:	Signature:	
Designation:		
Official address in Bhut	an:	
Place:		
Date:		
(COUNTER SIGNED)		
Place:		
Date:	(Course Supervisor/Head of Institute)	