## Private Sector HR Development Form

			Date of App	olication://	
	Tr	aining Details			
Training Applied for:					
Training Type:	Ex- Country :(	)	In-country: (	)	
Institute:	Name of the Institute:				
	Location:				
	Country:				
Funding Agency:					
Training Duration:					
	_				
	Pe	ersonal Details			
Name of the Applicant:					
Citizenship ID No.:			Gender:		
Address (Permanent):	Geog/Throm:		Dzongk	thag:	
Contact No:		Email Id:			
Date of employment :		1			
	Emp	oloyment Deta	ils		
Name of the Organization	:				
Address:	Geog/Throm:	Geog/Throm:		Dzongkhag:	
CEO/Manager/HR officer	Name:	Name:			
	Contact No:	Contact No: E		Email id:	
BCCI Membership No:		Business License No:			
				owledge. I understand that I nformation is incomplete or	
C* 4	191-4-				
Signature of Ca	<u>inaidate</u>			700	
<u> </u>				For official use:	
<u>Remarks</u>					

**Head Office:** Post Box No. 147, Doebum Lam, Chubachu – Thimphu 11001, Bhutan Tel: +975 2 324254/322742, Fax: +975 2 323936, E-mail: info@bcci.org.bt URL: www.bcci.org.bt

**Regional Office Address:** 

 Phuentsholing
 Bumthang
 Mongar
 Gelephu
 SamdrupJongkhar

 Tel: 05 254961
 Tel: 03 631210
 Tel: 04 641293
 Tel: 06 252021
 Tel: 07 251813

 Fax: 05 254960
 Fax: 03 631187
 Fax: 04 641358
 Fax: 06 252022
 Fax: 07 251814