



नेपाल सरकार
अर्थ मन्त्रालय

महालेखा नियन्त्रक कार्यालय
Financial Comptroller General Office

पत्र संख्या: २०७४/७५/४.६
चलानी नं.

शाखा:- लेखा सुदृढिकरण तथा जनशक्ति विकास शाखा

मिति: २०७४/०८/०६

सूचना

विषय: वैदेशिक अध्ययन/तालिम छात्रवृत्तिमा मनोनयन सम्बन्धमा ।

प्रस्तुत विषयमा सामान्य प्रशासन मन्त्रालय (जनशक्ति विकास शाखा) को च.न. २०२, पत्र संख्या ज.वि.शा. ३०१-२०७४/७५ को पत्रानुसार Colombo Plan secretariat अन्तर्गत India मा संचालन हुने तपशिल अनुसारको तालिम/अध्ययन कार्यक्रममा यस कार्यालयबाट मनोनयन गर्ने गरी निजामती सेवा एन २०४९(संशोधनसहित) को दफा ४०ख को उपदफा (३) बमोजिम गठित समितीको मिति २०७४/०८/०१ को बैठकबाट निर्णय भएको हुँदा उक्त कार्यक्रममा उपयुक्त उम्मेदवार मनोनयन गरी अर्थ मन्त्रालय, अन्तर्राष्ट्रिय सहायता समन्वय महाशाखामा पठाउनु हुन तथा मनोनयन गरिएको कर्मचारीको संकेत नं. समेत उल्लेख गरी सो को जानकारी यस मन्त्रालयमा समेत अनिवार्य रूपमा उल्लेख गराउने व्यवस्था हुन आवश्यक कार्यार्थ पठाइएको व्यहोरा निर्णयानुसार अनुरोध छ भनी लेखी आए बमोजिम यस कार्यालय वा अन्तर्गतका कार्यालयमा तपशिल बमोजिमको योग्यता का साथै Application form मा उल्लेखित शर्त पुरा हुने ईच्छुक कर्मचारीहरूबाट ५ दिन भित्र निवेदन आहवान गरीएको छ ।

तपशिल

| क.स | अध्ययनको विषय | अध्ययनको अवधि | छात्रवृत्ति प्रदान गर्ने संस्था/संचालन हुने देश | ब्रोसियर अनुसार आवश्यक योग्यता/सम्बन्धित निकाय वा अन्य प्रासंगिक कुरा | छात्रवृत्ति प्रदान गरीएका निकाय र निर्णयको व्यहोरा |
|-----|--|---------------------------------|---|--|--|
| 1 | 15 Months Executive Post Graduate Diploma in Management | 2018 March 30-2019 Mar 29 | Colombo Plan Secretariat/India | <ul style="list-style-type: none">• Good proficiency in English• Minimum 5 years of work experience in the relevant field• Age limit within 45 years | महालेखा नियन्त्रक कार्यालयले मनोनयन गर्ने |

सुरेन्द्र पाण्डे
(लेखा अधिकृत)

बोधार्थः

सूचना प्रविधि शाखा (म. ले. नि. का.) : यस सूचनाको पत्र तथा सामान्य प्रशासन मन्त्रालय-जनशक्ति विकास शाखाको च.न.२०२ को प्राप्त पत्र र TCS-Colombo Plan/ITEC-India/ITEC बाट प्राप्त Application form को छाया प्रति समेत कार्यालयको वेवसाइटमा राखिदिनुहुन।

“ सेवामैत्री प्रशासन: संघीयतामा सुशासन ”

पत्र व्यवहार गर्दा प्राप्त पत्रको पत्र संख्या, चलानी संख्या र मिति अनिवार्य उल्लेख गर्नुहोला

अनामनगर, काठमाडौं, फोन-०१ ४७७२९०, ४७७०७४९, ४७७०३५९ (ext-२२४), फ्याक्स. : ०१ ४७७९२९९

Email : info@fego.gov.np Web : www.fego.gov.np



सामान्य प्रशासन मन्त्रालय

नेपाल सरकार
मानवशक्ति विकास शाखा

5

पत्र संख्या: ज.वि.शा. ३०१-२०७४/७५

चलानी नं. २०२

विषय:- वैदेशिक अध्ययन/तालीम छात्रवृत्तिमा मनोनयन गर्ने सम्बन्धमा।

| | |
|----------------------------|------|
| महालेखा नियन्त्रक कार्यालय | २२३९ |
| मिति: | ८/५ |

श्री महालेखा नियन्त्रक कार्यालय,
अनामनगर, काठमाडौं ।

तपसिल अनुसारको अध्ययन कार्यक्रममा तहांबाट मनोनयन गर्ने गरी निजामती सेवा ऐन, २०४९ (संशोधन सहित) को दफा ४०ख को उपदफा (३) बमोजिम गठित समितिको मिति २०७४।०८।०९ बैठकबाट निर्णय भएको हुदा उक्त कार्यक्रममा उपयुक्त उम्मेदवार मनोनयन गरि अर्थ मन्त्रालय, अन्तर्राष्ट्रिय आर्थिक सहायता समन्वय महाशाखामा पठाउनु हुन तथा मनोनयन गरिएको कर्मचारीको संकेत नं. समेत उल्लेख गरि सो को जानकारी यस मन्त्रालयमा समेत अनिवार्य रूपमा उपलब्ध गराउने व्यवस्था हुन आवश्यक कार्यार्थ पठाइएको व्यहोरा निर्णयानुसार अनुरोध छ ।

साथै तालीम तथा अध्ययन कार्यक्रममा उम्मेदवार मनोनयन गर्दा कार्यक्रमसँग असम्बन्धित व्यक्तिको मनोनयन भै सम्बन्धित संस्थाबाट कन्फर्मेशन नआएमा सो निकायलाई २ पटकसम्म छात्रवृत्तिमा समावेश नगर्ने भनि निर्णय भएको व्यहोरा समेत जानकारीको लागि अनुरोध छ।

छात्रवृत्तिको मनोनयनमा सम्बन्धित सेवा, समुह र श्रेणीभित्रका समावेशी (महिला, आदिवासी/जनजाति, मधेशी, दलित, अपाङ्ग, पिछडिएको क्षेत्र) तथा हालसम्म अवसर नपाएका र दुर्गममा सबभन्दा बढी समय काम गरेका आधारमा साथै योग्यता पुगेका सहायक स्तरका कर्मचारीहरूलाई समेत प्राथमिकता दिई मनोनयन गर्नुहुन अनुरोध छ ।

तपसिल:

| क्र. सं. | अध्ययनको विषय | अध्ययनको अवधि | प्रदान गर्ने संस्था/ संचालन हुने देश | ब्रोसियर अनुसार आवश्यक योग्यता/सम्बन्धित निकाय वा प्रासंगिक कुरा | वितरण गरिएको निकाय तथा निर्णयको व्यहोरा |
|----------|---|-----------------------------|--------------------------------------|--|---|
| १ | 15 Months Executive Post Graduate Diploma in Management | 2018 Mar. 30 – 2019 Mar. 29 | Colombo Plan Secretariat/India | Good Proficiency in English Minimum 5 years of work experience in the relevant field Age limit within 45 years | महालेखा नियन्त्रक कार्यालयले मनोनयन गर्ने । |

(किरण यापा)
शाखा अधिकृत

बोधार्थ

श्री राष्ट्रिय योजना आयोगको सचिवालय, आर्थिक विश्लेषण तथा बैदेशिक सहायता समन्वय शाखा, सिंहदरबार ।

श्री अर्थ मन्त्रालय, अन्तर्राष्ट्रिय आर्थिक सहायता समन्वय महाशाखा, सिंहदरबार ।

श्री परराष्ट्र मन्त्रालय, सिंहदरबार

सिंहदरबार, काठमाण्डौं, नेपाल फोन नम्बर: ०१-४२००३६७/४२००३६८/४२००३६९ फ्याक्स नम्बर: ९७७-०१-४२००२३८

अडियो नोटिस बोर्ड नम्बर: १६१८०१४२००३१४ / इमेल: hrd.moga@gmail.com / वेबसाइट: www.moga.gov.np.

निजामती कर्मचारीको प्रतिबद्धता: पारदर्शिता र च्स्तता



Please affix
a passport size
Photograph

FOR OFFICIAL USE ONLY

Reference no:.....
Received:.....
Checked:.....

TCS-Colombo Plan Training Programmes with ITEC, India, 2017-18
APPLICATION FORM (typewriting or block letters)

| | |
|--------------------------------------|-------------------------|
| TITLE OF COURSE: | Course Duration: |
| NAME OF TRAINING INSTITUTION: | |

1. PERSONAL DATA

| | |
|---------------------------|---|
| Family name (surname) | Date of birth Day Month Year |
| First Name | Nationality (citizenship): |
| Other names | Gender: Male/Female # |
| City and country of birth | Marital status Single/Married/Divorced/Widowed # |
| Passport No: | Religion: |

#Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

| | | | | | | |
|-----------------------------|---------|--------|-----------------------------------|------|--------|--------|
| Applicant's Office Address: | | | Applicant's Postal/ Home Address: | | | |
| | | | Home telephone | | | |
| | | | Country | Area | Number | |
| Office telephone | Telefax | | Email | | | |
| Country | Area | Number | Country | Area | Number | Mobile |

Person to be contacted in case of emergency, name, telephone and address

3. **EDUCATION** (list in order of time, starting with last institution attended)

| Name of institution and place of study | Major field of study | Years of study: from - to | Degree |
|--|----------------------|------------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

(Please attach copies of the certificates)

4. **EMPLOYMENT RECORD**

| A. Present or most recent post | B. Previous positions held |
|--|---|
| Employer: | Employer: |
| Years of service (from - to): | Years of service (from - to) |
| Title of your post/position: | Title of your post/position: |
| Present salary per month (US Dollars): | Salary per month (US Dollars): |
| Name of supervisor and title: | Name of supervisor and title: |
| Type of organization: Government /Semi Government/ Private/ NGO # | Type of Organization Government/ Semi Government/ Private/ # |
| Main functions of organization: | Main functions of organization: |
| Total number of employees: | Total number of employees: |

Delete accordingly

Description of your work including your responsibility:

Please continue on supplementary pages if ne

5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

Please continue on supplementary pages if necessary

Have you participated in any ITEC training programmes in the last three years in India? : YES NO =

Name of course

Name of Training Institute

Year

Delete accordingly

6. CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY

| | Excellent | Good | Fair | Basic | Remarks |
|-----------|-----------|------|------|-------|---------|
| Listening | | | | | |
| Speaking | | | | | |
| Writing | | | | | |
| Reading | | | | | |

Mother tongue: _____

Language test administered by : _____

Title : _____

Address : _____

Tel. Number : _____

E mail : _____

Date and signature : _____

7. **MEDICAL REPORT** (to be completed by an authorized physician, All the fields must be filled)

| | | | |
|---|------|--|--------------------|
| Name of Applicant: | | | |
| Age: | Sex: | Height: | Weight cm Kg |
| Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O | | | |
| Blood Pressure: | | | |
| Is the person examined at present in good health? | | Is the person examined physically and mentally able to carry out intensive training away from home? | |
| Pre-prandial Blood Sugar | | Post-prandial Blood Sugar | |
| Is the person free of infectious diseases (Tuberculosis, Trachoma, Yellow Fever, Hepatitis A, B and skin diseases etc.)? | | Does the person examined have any condition or defect (including teeth) which might require treatment during the course? | |
| List any abnormalities indicated in the chest X ray. | | Pregnancy Test (for women): | |
| I certify that the applicant is medically fit to undertake this course. | | | |
| Name and the registration : _____ No. of the Physician | | | |
| Address of Clinic : _____ (printed) | | | |
| Telephone : _____ (printed) | | | |
| E mail : _____ Date: _____ | | | |
| Signature of Physician : _____ Seal of Clinic: _____ | | | |

8. FOOD PREFERENCES IF ANY:.....

9. DECLARATION

Have you ever been convicted by a Court of Law of any country? Yes/ No #
 If yes, please give brief details:

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

If accepted for a training award, I undertake to:-

- (a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;
- (b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;
- (c) Refrain from engaging in political activities, or any form of employment for profit or gain;
- (d) Submit any progress reports which may be prescribed; and
- (e) Return to my home country promptly upon the completion of my course of study or training.

I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.

Signature of applicant:

Name: Date:.....

Delete accordingly

10. OFFICIAL DECLARATION (to be completed by the nominating government. All the fields must be filled)

The Government of:

nominates
 (name of applicant)

For the course under the Colombo Plan Joint Programme with India and certifies that:

- (a) all information supplied by the nominee is complete and correct;
- (b) the nominee had adequate knowledge and was appropriately tested for English Language proficiency.

Remarks:

 (Name)

 (Designation)

Official Seal/ Stamp:

Date: _____

 (Signature of responsible Government Official)

Address of Department/ Ministry:

Office Telephone number: _____

Office Fax number: _____

E mail: _____

Please note: This application form must be duly completed and endorsed by the Ministry of Foreign Affairs or the relevant agency responsible for the CPS programme in your country. Application should be submitted to Colombo Plan Secretariat through the respective National Focal Point ONLY.