

**Application Form for Certificate Course (Six months long) under the Project titled
“LGED’s Human Resource Development and Capacity Enhancement Project
(1st Revised)”**

(All Fields are mandatory to be filled up)

(A) Applicant’s Personal Information:

1.	Applicant’s Name	:	.....
2.	(a) Date of Birth	:	.....Year.....Month.....Day
	(b) Age as on 21.03.2024	:	.....
3.	(a) Designation	:	.....
	(b) Work Address	:	.....
4.	Name and designation of the Controlling Officer	:	..... .....
5.	Date of Joining in LGED	:	.....
6.	Date of Permanent (Order/GO need to be attached)	:	.....
7.	National ID Number	:	.....
8.	Mobile Number (Personal)	:	.....
9.	e-mail Address (Please write in Capital)	:	.....
10.	MRP Passport (Official) Details (If any)	:	Passport Number : Issue Date Expiry Date

(B) Educational Qualifications:

Sl	Name of the Course/Degree	Educational Institution/University	CGPA/Division	Passing Year	List of Major Subjects
1.	SSC				Not Required

[Handwritten Signature]

2.	HSC				Not Required
3.	B.Sc Engineering (Civil) or Equivalent				

(C) English Proficiency Test Details:

a) IELTS Registration No:

b) IELTS Test Date:

c) IELTS Score:

Listening	Reading	Writing	Speaking	Overall Band	Date of Expiry

(D)a) Options of Courses:

Options	Name of the subject for Post Graduate Diploma
<u>Option-1:</u>	
<u>Option-2:</u>	
<u>Option-3:</u>	

b) Justification of your choices for selected subjects of the courses should be submitted separately within 200 words for each subject (Attach as Annexures):

(E) Details of in-Service Masters/Diploma Courses already taken/completed:

(a) Master's/Diploma Details (Already completed) :

Course Name	Major Subject List	University & Country Name	Study Duration	Grade/Result	Funding Source	Mention whether the course was conducted by scholarship or self-financing or others

Jacob

(b) Have you currently applied for any other Masters/Diploma Scholarship? (Yes/No)

b. i) If yes, please provide the details:

Course Name	Course/Subject List	University & Country Name	Study Duration (Date from and to)	Funding Source

b. ii) Have you been selected as a principal or an alternative candidate to any other Scholarship Program?

(If yes, please provide the details):

Course Name	Course/Subject List	University & Country Name	Study Duration (Date from and to)	Funding Source

(F) I the undersigned, hereby certify that the information contained in this application is true, correct and complete. I understand that, any false statement mention herewith will be considered as ground for disqualification and legal action.

.....
Signature of the Applicant
(With seal and date)

.....
Recommendation from
Controlling Officer/Office
(Date, seal and phone number)

Handwritten signature

(b) Have you currently applied for any other Masters/Diploma Scholarship? (Yes/No)

b. i) If yes, please provide the details:

Course Name	Course/Subject List	University & Country Name	Study Duration (Date from and to)	Funding Source

b. ii) Have you been selected as a principal or an alternative candidate to any other Scholarship Program?

(If yes, please provide the details):

Course Name	Course/Subject List	University & Country Name	Study Duration (Date from and to)	Funding Source

(F) I the undersigned, hereby certify that the information contained in this application is true, correct and complete. I understand that, any false statement mention herewith will be considered as ground for disqualification and legal action.

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