



HUMAN RESOURCE DEVELOPMENT COUNCIL

HRDC, 4th Floor, NG Tower, Ebene Cybercity. Tel No: 454 4009. Fax No: 454 6220/6260

Website: www.hrdc.mu

FORM G1

GRANT APPLICATION FORM – G1

<i>For Internal Use</i>
SN:.....
DATE:.....
SIG:.....

1. IDENTIFICATION

Name of Enterprise:.....

Address:

Tel: Fax:

E-mail address (For all future correspondences from HRDC):

Employer's Registration Number with the National Pension Fund:

Nature of Business:

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Agriculture & Fishing | <input type="checkbox"/> | 7. Transport, Storage a& Communication | <input type="checkbox"/> |
| 2. Mining & Quarrying | <input type="checkbox"/> | 8. Finance & Insurance, Real Estate & Business Services | <input type="checkbox"/> |
| 3. Manufacturing | <input type="checkbox"/> | 9. Community, Social & Personal Services | <input type="checkbox"/> |
| 4. Electricity & Water | <input type="checkbox"/> | 10. Others | <input type="checkbox"/> |
| 5. Construction | <input type="checkbox"/> | Please specify..... | |
| 6. Wholesale, Retail Trade
Restaurant & Hotels | <input type="checkbox"/> | | |

2. PROGRAMME / COURSE TITLE

Course Title: **Mauritius Smart Cities – Shaping Mauritius Cities for a Better Tomorrow.....**

3. Type of Course

- | | | | |
|--------------------------------|-------------------------------------|---|--------------------------|
| 1 Accountancy | <input type="checkbox"/> | 9. Information Technology | <input type="checkbox"/> |
| 2 Communication & Media | <input type="checkbox"/> | 10. Management | <input type="checkbox"/> |
| 3 Agriculture & Horticulture | <input type="checkbox"/> | 11. Marketing | <input type="checkbox"/> |
| 4 Banking | <input type="checkbox"/> | 12. Quality | <input type="checkbox"/> |
| 5 Beauty Care & Hairdressing | <input type="checkbox"/> | 13. Secretarial & Office Skills | <input type="checkbox"/> |
| 6 Textiles | <input type="checkbox"/> | 14. Others | <input type="checkbox"/> |
| 7 Engineering | <input checked="" type="checkbox"/> | Please specify | |
| 8 Occupational Health & Safety | <input type="checkbox"/> | ... Smart Energy Smart Grid Smart Security Smart Building Smart Mobility | |



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4. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR ENTERPRISE'S NEEDS AND/OR OBJECTIVES

.....
.....
.....

5. INSTITUTIONAL TRAINING (Applicable also for course conducted to employees of several companies on the same date and time)

Name of Training Institution: ... INSIGHTS CONSULTING LTD.....
Address of Training Institution: ... Trou Aux Biches Road, Triolet
Tel No: ... 57036750 / 54432979 Fax No: ... 212 5175.....
Name of Approved Trainer/s: ... Dr. Mani Varadi, Dr Alexey Eshrov, Chris Green, James Jessamine, Caralampo Focas and Alex de Graaf.....

6. INHOUSE TRAINING (Applicable for course conducted only for employees of an enterprise on the same date and time)

Course to be provided by:.....
Address of Course Provider:.....
Tel No:..... Fax No:.....

Name of Approved Trainer/s	In House Internal Trainer	In House External Trainer	In House Foreign Trainer

7. OVERSEAS COURSES

Institution providing Training:.....
Address:.....
..... Country:.....
Tel No:..... Fax No:.....
Departure date: Date of course:.....

8. NATURE OF TRAINING

Certificate of Attendance

Award Certificate



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9. COURSE BUDGET

EXPENDITURE	(Rs)
Course fees per pax as approved by MQA(Rs) 34,500
Number of participant
Total Course fees(Rs)
Other costs:-	
Air fares(Rs)

10. EMPLOYEE/S STATUS

Name/s of employee/s who will be attending the training program and position held:

Name of Employee/s	Position Held	ID
.....
.....
.....
.....
.....

(Note: Please attach additional list if necessary)

Is/Are the above employee/s on your enterprise's payroll?

Yes No

If no, clarify:.....

Is levy being paid for the/these employee/s?

Yes No

If no, clarify:.....

Is/Are the employee/s financially sponsored in full by your enterprise?

Yes No

Has your company applied for any form of financial support for this particular training programme from any other organization?

Yes No

If yes, please state name of organization and present status of application

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11. *TOTAL NO. OF TRAINEES AND SCHEDULE OF TRAINING

	Date from	Date to	No. of trainees
First batch
Second batch
Third batch
Total No. of Trainees		

12. VENUE AND TIMETABLE

Course Venue:...INTERCONTINENTAL RESORT HOTEL, BALACLAVA ...

Course Timetable

Batch	Date	Start time	End time
.....	.October 14 th 2015.....	...09h00...	... 16h30.....
.....	.October 15 th 2015.....	...09h00	16h30...
.....
.....

(Note: Please attach additional list if necessary)

13. DECLARATIONS

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact. We understand that if we obtain the grant by false or misleading statements, the HRDC may, at its discretion,

1. Withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed and
2. Take any other action deemed necessary.

.....
Signature

.....
Designation

.....
Name

.....
Date