



# HUMAN RESOURCE DEVELOPMENT COUNCIL

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

Website: [www.hrdc.mu](http://www.hrdc.mu)

**FORM G1**

## GRANT APPLICATION FORM – G1

*For Internal Use*

SN:.....

DATE:.....

SIG:.....

### PART 1 – GENERAL INFORMATION

#### **1. IDENTIFICATION**

Name of Enterprise: .....

Address: .....

Tel:..... Fax:.....

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"/> |
|   |                          | Please specify.....                                     |                          |
| 5. Construction                                   | <input type="checkbox"/> |   |                          |
| 6. Wholesale, Retail Trade<br>Restaurant & Hotels | <input type="checkbox"/> |   |                          |

#### **2. STATUS OF ENTERPRISE** *(Please tick the appropriate)*

Development Certificate  Others

Export Enterprise Certificate  Please specify.....

Pioneer Status



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### 3. FINANCIAL INDICATORS

Total employment (Number) :.....

Levy Contribution (Last Financial Year) (Rs) :.....

Estimated Levy Contribution for current financial year (Rs) :.....

Tax Rate for Current Financial Year (%) :.....

### 4. PROGRAMME / COURSE TITLE

Course Title:.....

.....

.....

MQA/TEC Course Code:.....

#### ❖ 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 type="checkbox"/> | Please specify                  | <input type="checkbox"/> |
| 8. Occupational Health & Safety | <input type="checkbox"/> | .....                           |                          |



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### PART II – DETAILS OF TRAINING PROGRAMME

#### **5. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR ENTERPRISE’S NEEDS AND/OR OBJECTIVES**

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

#### **6. COURSE PROVIDED BY TRAINING INSTITUTION**

Name of Training Institution: .....  
Address of Training Institution: .....  
Tel No: ..... Fax No: .....  
Name of Approved Trainer/s: .....

#### **7. IN-HOUSE TRAINING**

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

#### **8. OVERSEAS COURSES**

Institution providing Training: .....  
Address: .....  
.....Country: .....  
Tel No: ..... Fax No: .....

#### **9. NATURE OF CERTIFICATION**

Certificate of Attendance   
Award Certificate

#### **10. DURATION OF TRAINING**

Full time  Part time   
Total Number of contact hours per trainee (excl. Meal break).....

#### **11. METHOD OF TRAINING**

On-the-Job   
Off-the-Job   
Both



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### 12. COURSE BUDGET

EXPENDITURE	TOTAL (Rs)
<i>a) Course provided by training institution locally:</i> Course fees (as approved by MQA)	.....
<i>b) Overseas courses</i> Course fees approved by MQA (Rs): No. of Participants: Air fares (Rs): Total Expenditure (Rs):	..... ..... ..... .....

### 13. EMPLOYEE/S STATUS

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

No.	Name of Employee/s	Position Held
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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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## PART III – PARTICULARS OF TRAINEES

### 14. \*TOTAL NO. OF TRAINEES AND SCHEDULE OF TRAINING

	Date from	Date to	Departure date (Overseas Training)	No. of trainees
First batch	.....	.....	.....	.....
Second batch	.....	.....	.....	.....
Third batch	.....	.....	.....	.....
Total No. of Trainees	.....			

### 15. CURRENT DESIGNATION OF TRAINEES

	No of trainees		No of trainees
Professionals	.....	Craft & Trade Workers	.....
Managers	.....	Machine Operators	.....
Service Workers	.....	Skilled Agricultural Workers	.....
Clerks	.....	Others	.....
Technicians	.....		

### 16. 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*

Documents enclosed (please tick as appropriate)		
1	Timetable (starting and ending time)	
2	Venue	