



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 G10

APPLICATION FORM FOR REFUND UNDER MULTIMEDIA FACILITIES SCHEME

SECTION 1: TRAINING CENTRE

- 1.1 Name of MQA registered Training Centre:.....
.....
- 1.2 Registered Address:.....
.....
- 1.3 Tel: Fax: E-mail:

SECTION 2: BANK DETAILS

- 2.1 Name of Bank:
- 2.2 Branch:
- 2.3 Account Name:
- 2.4 Account Number:

SECTION 3: COST OF MULTIMEDIA EQUIPMENT

No	ITEM	Serial No	QUANTITY	COST
1				
2				
3				
4				
5				

SECTION 4: 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 also declare that we have not benefited from this scheme for the last three years.

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
- 2 Take any other action deemed necessary

.....
Name

.....
Designation

.....
Signature

.....
Date

Documents enclosed (please tick as appropriate)	
1	Invoice and receipt of the purchase

Please note that all sections of the application must be completed and accompanied with the above documents or else application would not be considered.