



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 G6

APPLICATION FORM FOR APPROVAL UNDER TRAINING NEEDS ANALYSIS (TNA) SCHEME

SECTION 1: EMPLOYER DETAILS

- 1.1 Name of Enterprise:
- 1.2 Registered Business Address:
- 1.3 Tel: Fax: E-mail:
- 1.4 Employer's Registration Number with the National Pension Fund:

SECTION 2: FINANCIAL INDICATORS

- 2.1 Total employment (Number):
- 2.2 Levy Contribution (Last Financial Year) (Rs):
- 2.3 Estimated Levy Contribution for current financial year (Rs):

SECTION 3: CONDUCT OF TNA *(Please tick as appropriate)*

-TNA to be conducted by a certified In-House Resource Person	
-TNA to be conducted by an outside Firm / Consultant	

SECTION 4: COST

- 4.1 Total Cost of TNA Study: Rs.
- 4.2 Proposed date of conduct of study:



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SECTION 5: 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	CV of In-House resource person or details of outside firm or consultant	
2	Details on outside firm or consultant	

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