



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:
- 1.4 E-mail address (For all future correspondences from HRDC):
- 1.5 Employer’s Registration Number with the National Pension Fund:

SECTION 2: 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 3: COST

- 3.1 Total Cost of TNA Study: Rs.....
- 3.2 Proposed period of conduct of study:

SECTION 4: EXPERIENCE OF RESOURCE PERSON/CONSULTANT

Previous TNA Studies carried out by the resource person/consultant

No	Name of Enterprise	Period TNA was carried out	No of Staff
1			
2			
3			
4			



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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 benefitted 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

SECTION 6: DOCUMENTS TO BE SUBMITTED

DOCUMENTS ENCLOSED (please tick as appropriate)		
1	CV of In-House resource person or details of outside firm or consultant	
2	Research methodology adopted	
3	Quotation from the TNA Resource Person/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.