**RECOMMENDATION FORM FOR MTCP SHORT TERM COURSE**

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| **DETAILS OF APPLICANT** | **MTCP COURSE** | **CRITERIA** | **REMARKS** |
| Name: Country: Age: Years OldCurrent Position, Organization:Contact Details: Phone: (Mobile No.) (Office)Email:  | (Course Title) (Date of The Course)(Name of the Training Institute) |  | * Very good command of English language.
* Received endorsement from MFA.
* MFA forwarded TPN to nominate.

Proposal: Recommended: Yes [ ] No [ ]MTCP Alumni : Yes [ ]No [ ]If Yes, when did you attend the course? What course and by which training institute? |

