**RECOMMENDATION FORM FOR MTCP SHORT TERM COURSE**

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| **DETAILS OF APPLICANT** | **MTCP COURSE** | **CRITERIA** | **REMARKS** |
| Name: Country: Age: Years Old  Current 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? |

