

## APPLICATION FORM FOR BUSINESS MANAGEMENT TRAINING

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### **(1) Details of Business Establishment**

- a. Business Name: .....
- b. Business location: .....
- c. Business Activity: .....
- d. Contact No.: .....

### **(2) Details of the Participant**

- a. Name: .....
- b. Designation: .....
- c. Mobile No.: .....

### **(3) Training**

Preferred place of training:

- a. Tsirang
- b. Trashigang

### **(4) Accommodation Requirement**

- a. Yes
- b. No

### **(5) Documents Requirement**

Please attach the following documents:

- a. Copy of valid business license
- b. Copy of CID of the participant

***Seal and sign of the proprietor***

**Date:**

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**NOTE:** Submission of incomplete information or document will result in rejection of the application.