**Annexure 6/11.1.4.1**

**PROFESSIONAL DEVELOPMENT FORM**

(Note: All sections in this form are compulsory)

**I. Particulars of Staff:**

1. Name :
2. Staff ID No. :
3. Position Title :
4. Citizenship ID No. :
5. Date of Birth (dd/mm/yyyy) :
6. College/OVC & Work Location :
7. Contact No :
8. Permanent Address :
9. Quote Reference No. & Date of :
10. Security Clearance Certificate :
11. Audit Clearance Certificate :
12. Medical Fitness Certificate :
13. Qualification :
14. Date of Initial Appointment :
15. Present Job Description :

|  |
| --- |
|  |

**II. Details of Professional Development**

1. Planned (quote slot number)/Ad hoc :
2. Course Title :
3. Institute/City/Country :
4. Commencement Date and Duration :

**III.** Details of all Past Professional Development (formal and informal). (if the space provided is not sufficient, use a separate sheet). Please start with the last Professional Development.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Institute/City/ Country** | **Start Date (dd/mm/yyyy)** | **Duration (months)** | **Source of****Funding** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I, hereby certify that the above information is correct to the best of my knowledge.
I understand that I am liable to be subjected to disciplinary actions by appropriate authorities in the event that they find the above information incomplete and/or incorrect.

**Date: (Signature of the Staff)**

**Official use only**

1. **Assurance (for long-term Professional Development only) that:**

The College/OVC will ensure candidate’s return to Bhutan immediately after completion of Professional Development. Failing to return shall be dealt as per RUB HRRR 2017.

1. **Approval of the HR Committee (attach copy.)**

**VI. Verification: The officials countersigning this form shall be accountable and liable for disciplinary action in case information provided is incomplete and/or incorrect.**

**Signature Signature**

**Name of HR Officer Name & Position Title**

**Date: Seal of the Head of Department/Division
 Date:**

**Signature**

**Name & Position Title**

**Seal of the Head of College/OVC Date:**

**--------------------------------------------------------------------------------------------------------------------------**

* *For in-country short-term Professional Development, staff are not required to produce the documents.*
* *For ex-country short-term Professional Development, the original documents are to be retained with Colleges/OVC.*
* *For long-term Professional Development, original documents and a copy of Citizenship Identity Card are to be submitted to the Office of the Registrar*