

BRIEF ON COMPANY

- 1. Company name:**
- 2. Business address:**
- 3. Contact person:**
- 4. Short description of business (100 words max.):**

[Nature of business, activities, annual turnover]

5. Labour Force

No. of Local Employees:

No. of Foreign Employees:

6. Total number of trainees trained currently under DTP (if any):

7. Number of trainees who obtained permanent employment after 2-3 years training:

8. Number of trainees you intend to recruit:

For the Employer:

Name

Capacity in which acting

Signature

Date

**DUAL TRAINING PROGRAMME (DTP)
DETAILS OF TRAINEES**

FORM DTP 1

Employer Name

Contract Number

S. N	Surname	First Name	National Identity Card	Residential Address	Contact Number	Highest Qualification	Job designation	Period of Training and placement		Stipend to be paid monthly (Rs)
								From	To	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

(Please attach additional copies if necessary)

NAME:

DESIGNATION:

SIGNATURE:

DATE:

Note: The Form DTP 1 should be submitted to the DTP Secretariat on ntp@govmu.org at beginning of the agreement.



Name of Company :

Address :

Phone: Email: Contact person:

.....

Date :

Particulars of trainee

Name :

ID Number :

Address :

Re: Offer of traineeship under the Dual Training Programme (DTP)

Dear Mr/Ms/Mrs.....,

Further to your application for placement and training under the Dual Training Programme, we are pleased to confirm your traineeship under the following terms and conditions:

1. Your traineeship will start on (dd/mm/yy) and will end on
(dd/mm/yy).
2. Your job designation under the traineeship shall be
.....
3. Our company will sponsor fully your (diploma or degree course) in
..... (name of course)
which will be for a duration of (number of years or months) at the
..... (name of Tertiary
Institution).

4. You shall attend the workplace ... days per week from ... am to ... pm.
5. You shall attend the Tertiary Institution ... days per week.
6. You will be paid a monthly stipend of Rs.
7. You will be provided with an insurance cover 24/7 within the work premises.
8. You shall be present and punctual both at the Tertiary Institution and the workplace.
9. You shall abide by the rules and regulations both at the Tertiary Institution and the workplace.
10. You shall fill in the logbook both at the Tertiary Institution and the workplace.
11. You shall collaborate during the monitoring exercises and surprise visits that will be carried out by the Ministry of Labour, Human Resource Development and Training.
12. You shall give one week prior notice to us to attend scheduled exams and relevant extra-curricular activities.

Yours sincerely,

(Signature)

Name of Director/Managing Director

I,, have taken cognizance of the above, and have fully understood its contents, purpose and implications and hereby sign my acceptance to the conditions specified therein.

Signature of Trainee

Date

Note: The Form DTP 2 should be submitted to the DTP Secretariat on dtp@govmu.org at beginning of agreement.

Checklist for Employer

Upon approval of your DTP application, kindly submit the following:

Please tick as appropriate:

Items	Yes	No	For Office Use
1. DTP Agreement			
2. Details of trainees (Form DTP 1)			
3. Letter of offer (Form DTP 2)			
4. Copy of NIC of each trainee			
5. Copy of highest qualification of each trainee			
6. Brief on Company			
7. Agreement Details to be filled in:-			
8. Page 1 of Agreement			
a) Name of Organisation (on top of page and last paragraph)			
b) Business Registration Number			
c) Office Address			
d) Name of company representative			
e) Designation			
9. Page 6 of Agreement			
a) Name of company representative			
b) Designation			
c) Signature			
d) Read and approved written by Employer			
Initials on all pages of Agreement			



HUMAN RESOURCE DEVELOPMENT COUNCIL

DUAL TRAINING PROGRAMME

APPLICATION FOR REFUND OF STIPEND

FORM DTP 3

Name of Company :										
Business Registration Number.....					Employer's NPF Registration No.....					
Claim No.....(1 st , 2 nd ,etc)			Bank Name..... Branch..... Account No.....							
Claim for Refund for Period from.....To..... (indicate Date, month and year)										
SN	Sex F/M	Name	First name	NID	No of days absent	Total Stipend paid to Trainee (Rs)	Signature of Trainee	Date	Office Amount to be refunded	Use to be
1.										
2.										
3.										
4.										
Please attach additional copies if necessary.										

Please attach with the printed copy of this claim and forward to HRDC the following documents: (1) Attendance sheet as per annex 1, (2) Payslip or paysheet of trainee or certified copy of bank transfer to the account of trainee name of trainee appearing against each bank account number.

Declaration by Employer

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 understand that if we obtain the refund by false or misleading statements, the HRDC may, at its discretion,

1. Recover immediately from us any amount of the refund that may have been disbursed and
2. Take any other action deemed necessary.

We further declare that we have not claimed any refund from other sources in respect of the above.

.....
Signature & Company Seal	Designation	Name	Date

For Official use only (HRDC)

Processed by:.....

Verified by AT/SAT:.....

Date :.....

Date :.....

Note: The Form DTP 3 should be submitted to the HRDC (hard copy) on a monthly basis together with the mentioned required documents and to the DTP Secretariat in soft copy at dtp@govmu.org .

MONTHLY ATTENDANCE REPORT – REFUND OF STIPEND

Company name:..... **Contract No:**.....

Number of working days in the month:.....

Refund for the month of **Year:**

Please fill in the table below.

S/N	NAME OF TRAINEE/S	Number of Absences
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

We certify that the above-mentioned information is true/correct.

Name:.....

Signature:.....

Designation:.....

Date:.....



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 DTP 4

DUAL TRAINING PROGRAMME

APPLICATION FOR REFUND OF TRAINING COSTS *

1. IDENTIFICATION

Name of Employer:.....

Address:.....

Tel:..... Fax:..... Email Add.....

Employer's NPF Registration Number

Business Registration Number.....

Contract Number.....

2. BANK DETAILS

Bank Name:-..... Account Name:.....

Account Number:.....

3. COURSE DETAILS

Name of Training Institution:

Course Title

Course Date From:..... To:.....

TEC/MQA Date Approved:

Course Fees per year/semester.....

*To be submitted on a **semester basis**.

4. DETAILS OF TRAINEES

No	Surname	First Names	ID

(Please attach additional copies if necessary)

5. DECLARATION

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 understand that if we obtain the refund by false or misleading statements, the HRDC may, at its discretion,

1. Withdraw the grant and recover immediately from us any amount of the refund that may have been disbursed and
2. Take any other action deemed necessary.

We further declare that we have not claimed any refund from any other sources in respect of the above.

.....
Signature and Company seal

.....
Designation

.....
Name

.....
Date

6. Documents to be Submitted

1. Copy of MQA Course Approval	
2. Attendance sheet (Annex 2)	
3. Invoice and Receipt of Course Fees	
4. Report from Training Institution	

Please note that all sections of the application must be completed and it is compulsory to submit all the above documents or else your application cannot be processed.

For official Use only

Amount to be refunded by HRDC:

Processed by :Date

Verified by :Date.....

Note: The Form DTP 4 should be submitted to the HRDC (hard copy) and to the DTP Secretariat in soft copy at dtp@govmu.org

ATTENDANCE REPORT – REFUND OF TRAINING COST**Company name:**..... **Contract No:**.....**Number of days attending course in the semester/ year:**.....**Refund for the period of (month/year)to (month/year).....**

Please fill in the table below.

S/N	NAME OF TRAINEE/S	Number of Absences
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

We certify that the above-mentioned information are true/correct.**Name:**.....**Signature:**.....**Designation:**.....**Date:**.....