

**MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS**  
**DUAL TRAINING PROGRAMME**  
**BRIEF ON COMPANY**

## 6. Nature of business, activities, annual turnover

--

Date .....

Seal of Company

**MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS**  
**DUAL TRAINING PROGRAMME (DTP)**  
**Particulars of Trainee and Stipend Payable**

**APPENDIX C**  
**FORM DTP 1**

Company Name ..... Contract Number ..... Email Address .....

S. N	Surname	First Name	National Identity Card	Residential Address	Contact Number	Email Address	Highest Qualification	Job designation	Stipend to be paid monthly(Rs)
1.									
2.									
3.									
4.									
5.									

NAME: ..... DESIGNATION: ..... SIGNATURE: ..... DATE: .....

Seal of Company

*LOGO OF COMPANY*

Name of Company : .....

Address : .....

Contact Person: ..... Phone:.....

Email: .....

---

---

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.....(Certificate, 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 and Industrial Relations.
12. You shall give one week prior notice to us to attend scheduled exams and relevant extra-curricular activities.

Yours sincerely,

---

(Signature)

*Name of Employer Representative*

*Designation of Employer Representative*



---

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

### **Checklist for Employer**

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

Please tick as appropriate:

SN	Items	Yes	No	For Office Use
1	DTP Agreement			
2	Details of trainees (Appendix C/ Form DTP 1)			
3	Letter of offer			
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 7 of Agreement			
(a)	Name of company representative			
(b)	Designation			
(c)	Signature			
(d)	Read and approved written by Employer			
(e)	Initials on all pages of Agreement			

**APPLICATION FOR REFUND OF STIPEND TO HUMAN RESOURCE DEVELOPMENT COUNCIL**

Name of Company : .....									
Business Registration Number.....					Employer's CSG Registration No.....				
Claim No .....(1 <sup>st</sup> , 2 <sup>nd</sup> , ....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 Use Amount to be refunded
1.									
2.									
3.									
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.									
<b>Declaration by Employer</b> 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			
<b>For Official use only (HRDC)</b>									
Processed by:.....						Verified by AT/SAT:.....			
Date :.....						Date :.....			
Note: The Form DTP 3 should be submitted to the DTP Secretariat, MLIR (hard copy) and HRDC on a monthly basis.									

**MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS**  
**DUAL TRAINING PROGRAMME**  
**MONTHLY ATTENDANCE REPORT**

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

**Email:** ..... **Phone No:** .....

*Please fill in the following table/s as per required details.*

**Attendance report for the Month of:** ..... **Year:** .....

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

**Table 1: List of trainees with NO absence/s for the month**

S/N	NAME OF TRAINEE/S
1	
2	
3	
4	

**Table 2: List of trainees with absence/s for the month**

S/N	NAME OF TRAINEE/S	NO OF ABSENCE/S	DATE/MONTH
1			
2			
3			
4			

**1. DECLARATION**

- (i) 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.
- (ii) We confirm that we have not applied for any form of financial support for the listed trainees for this particular programme from any other organization.
- (iii) We understand that if we obtain the refund by false or misleading statements the HRDC/MLIR may, at its discretion withdraw the application and recover immediately from us any amount of the refund that may have been disbursed and take any other action deemed necessary.

.....  
*Name of Employer Representative*

.....  
*Signature*

.....  
*Designation of Employer Representative*

.....  
*Date*

Seal of Company

*Please note that all sections of the application must be completed and it is compulsory to submit the above documents in original to the DTP secretariat., Ministry of Labour and Industrial Relations, 8<sup>th</sup> Floor, Victoria House, Corner St Louis and Barracks Streets, Port-Louis.*



**HUMAN RESOURCE DEVELOPMENT COUNCIL**

**HRDC, 4<sup>th</sup> Floor, NG Tower, Ebene Cybercity.**

**Tel No: 454 4009. Fax No: 454 6220/6260**

**Website: [www.hrdc.mu](http://www.hrdc.mu)**

**DUAL TRAINING PROGRAMME**

**APPLICATION FOR REFUND OF TRAINING COSTS \***

**1. IDENTIFICATION**

Name of Employer:.....

Address:.....

Tel:..... Fax:..... Email Address:.....

Employer's CSG 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:.....

HEC/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 HEC/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](mailto:dtp@govmu.org)**

**DUAL TRAINING PROGRAMME**  
**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.

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

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

**Name:.....**

**Signature:.....**

**Designation:.....**

**Date:.....**