



TOURISM EMPLOYEES WELFARE FUND

6th Floor Victoria House Cnr Barracks & St Louis Street, Port Louis

Email: tewfund@intnet.mu, Web Site: www.tewf.mu,

Tel No: 211 4343; Fax No: 213 5462

Application Form for Training of Employees Scheme TO BE FILLED BY THE APPLICANT

Name of Applicant:.....

NIC:

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Address of Applicant:

Tel No: Mobile No:

Occupation: Years of Service:

Bank Name: Bank Address:

Bank A/c No:

Name of Employer:

Address of Employer: Tel No:.....

Details of Training Conducted

Training course attended:

Courses offered by (University/IVTB etc.):

MQA approved: Yes No

Date course carried out: Full Time/ Part Time:

Have you been sponsored by any institution to carry this course: Yes No

If yes, Name of Sponsor:..... Amount sponsored Rs

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Total amount paid by applicant: Rs

I,, certify that all the above information are correct.

...../...../.....
Date

.....
Signature of Applicant

The applicant should call in PERSON with both ORIGINAL & COPY of the following documents:

- (1) ID of Applicant
- (2) Bank Account Number (Payroll / Bank)
- (3) Receipt of payment
- (4) Statement Course Certificate
- (5) Certificate from your organization (Valid for one month ONLY)

Please Note:

The certificate should specify the date of employment, period of contribution, and whether the applicant is on leave without pay.

Eligibility & Conditions

(i)The Employee should have been under employment for at least 12 months and have contributed to the Fund. (ii)Original Payment Receipt should be produced.(iii)Valid for training conducted as from 1st Jan 2013.