

APPENDIX K
List of Approved Trainees
(To be filled by the Ministry)

COMPANY NAME:

CONTRACT NO:

S.No	Surname	First Name	National Identity Card	Gender M/F	Residential Address	Telephone Number	Highest Qualification	Period of Placement (one -year duration)		Stipend to be paid (Rs)
								From	To	
1										
2										
3										
4										
5										
6										
7										
8										

Checked by:

Designation

Signature:

Date:

VETTED AND CERTIFIED CORRECT

Name:

Designation:

Signature:

Date: