APPENDIX J

MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS

ompany name:					
Business address:					
Name and Status of Contact p	erson:				
hone number of contact pers	son:	Email addres	ss of contact pe	rson:	
Nature of business activities:					
Name and National Identity Card No. of trainee	Period of placement	Job Designation of Trainee/s	Stipend paid (Rs)	Specify whether trainee is still under placement YES or NO If No specify Date trainee left the Company	Signature of trainee
dentity Cards and all the nformation provided by the	information submit Company may lead	itted are correct. I, full to legal proceedings.	rther acknowl	r, their signatures are same as t ledge having taken note that an n paid the full amount of his/he	ny incorrect
• • •					•
tipulated above.	ailure to provide red	nuired information to	the Ministry di	ring the 1st week of each month	-
tipulated above.	-	-	-	uring the 1 st week of each month DTP.	-
tipulated above. hereby acknowledge that fa	ualification from pa	rticipating under the	YEP/WBTWP/	_	-