

MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS

DUAL TRAINING PROGRAMME

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	Job Designation of trainee	Highest Qualification	Period of Placement (.....)		Stipend to be paid (Rs)
									From	To	
1											
2											
3											
4											
5											

Checked by:

Designation

Signature:

Date:

VETTED AND CERTIFIED CORRECT

Name:

Designation:

Signature:

Date: