

**Name of Organization:**

**Name of focal person:**

**Office Phone No:**

**Address of Organization:**

**Designation of focal person:**

**Office Phone No:**

S.No	Trade	No of Trainees		Duration of training		Location of Training
		Available	To be absorbed	From	To	
1	Building Electrician					
2	Heavy Machinery Operator					
3	Office Automation					
4	Refrigeration/Air-Condition					
5	TV/Radio Repairing					
6	Mobile Repairing					
7	Plumber					
8	Domestic/Building Electrician					
9	Auto Electrician					
10	Turner Machinist					
11	If Other: _____					

**Sign/Stamp:**

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