

Session Form .../..... To .../.....

Enrolment No.....

राष्ट्रीय औद्योगिक प्रशिक्षण एवं विकास संस्थान

National Institute of Industrial Training and Development





Application No.....

Trainer / Supervisor Registration Form

Trainers / Supervisor Details-:	
Name:	
Company Name -:	
Department -:	
Designation -:	
Communication Address:	
Contact No.:	
E-mail ID:	
I here by take the responsibility for Guiding /Supervising of the Ca	ndidata
Candidate Details:	indidate
Student Name:	
Father's Name -: Company Name -:	2.
Company Name -:	
Department -:	
Designation -:	
Communication Address:	121
Contact No.:	18
E-mail ID:	م اق
Throughout the duration of pursuing the course and will help him/	her in Gaining both practical and
theoretical learning also watch their Hardworking,	
Sincerity and Regular about the work,	~
So, that he / she gets a Complete Knowledge about the Subject and	can Successfully Complete
the Certification Course.	
	Name of Trainers / Supervisor
Date -://	Signature & Stamp
For Office use only Application for certificate to	
Specialization in	