

**Training:**

[Summarize relevant training successfully completed by staff member, giving names of training institution and duration.]

Training	Institute	Duration and Date
Training of Trainers (ToT)	TITI	2013-feb-04 to 08
Scheme construction & supervision Training	Butwal	2015 –April-01 to 07
CA\HHs including conflict Management to community Technician and community workers	Nepalgunj, Banke	2012 july 08 to 25

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe my qualifications, my experience, and me.

Date:

[Signature of staff member and authorized representative of the consultant] Day/Month/Year]

Full name of staff member: **Keshav Raj pandey**

Full name of authorized representative: **sumannath yogi**

Seal of the Training provider: **Bherirapti prabidhika shikshalaya Pvt.Ltd**

