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| | | prepare document and trainees for NSTB Skill test - Arrange extra class for weak trainees Site visit as per required |
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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 |

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: Jhalaknath Yogi

Full Name Of Authorized Representative: Sumannath Yogi

Seal Of The Training Provider: Bherirapti Prabidhika Shikshalaya Pvt.Ltd

