

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	2014-Feb-04 To 014

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: Iswori yogi

Full Name Of Authorized Representative: Sumannath Yogi

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

