

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.

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

Full name of staff member: Bir Bahadur B.K

Full name of authorized representative: sumannath yogi

Seal of the Training provider: Bherirapti prabidhikshalaya Pvt.Ltd

