**Required Details**

1. Office Telephone no
2. Local Contact Person details
3. Training Coordinator name/Local Contact Person Name
4. Contact Number
5. Short Description about Company (5f]6s/Ldf n]v]/ k7fpg'xf]nf c? d n]V5' . )
6. Contract amount details and No. of Trained of following program

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name of Assignment** | **Location** | **Value of Contract** | **Year Completed** | **Client** | **Description of work carried out** |
| 1 | Conducting Short Term Skill Training | Surkhet | ......... | AD 2019 | Office of Panchapuri Municipality | *I will write here..* |
| 2 | Conducting Short Term Skill Development Training | Surkhet | ......... | AD 2019 | Office of Lokbeshi Municipality | *I will write here..* |
| 3 | Conducting Short Term Skill Development Training | Surkhet | NRs. 4,88,000/- | AD 2018 | Office Barahat Rural Municipality | *I will write here..* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Trade** | **Province** | **No of Participants in total (F/Y wise)** | | | | | |
| **2071/72** | **2072/73** | **2073/74** | **2074/75** | **2075/76** | **Total** |
| 1 | Building Electrician | Province-6 | 150 | 150 | 245 | 200 | 350 | 1095 |
| 2 | Plumbing | Province-6 | 100 | 100 | 150 | 150 | 200 | 700 |
| .. |  |  |  |  |  |  |  |  |

**Required Documents:**  
1. Document of Key Expert (Trainers) => 2 Trainers for each Training Group

2. Document of None Key Expert (Staff)