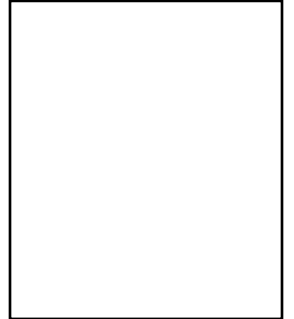


DECLARATION OF TRAINING-ABILITY BASED LIVELIHOOD EMPOWERMENT (ABLE) PROGRAM

Dated: __/__/20__

TO WHOMSOEVER IT MAY CONCERN



Dear Sir/Madam,

This is to declare that I have undergone training in _____ (name of the course) from July 2020 to September 2020 at WinVinaya Foundation under ABILITY BASED LIVELIHOOD EMPOWERMENT (ABLE) PROGRAM.

Regards,

Signature of Candidate

Training NGO Stamp

Name:

Address:

Contact Number:

Email Id: