k|fljlws lzIff tyf Jofj;flos tfnLd kl/ifb\



:s"n ckm x]Ny ;fO{G;

e/tk"/ lrtfjg

k|df)fkq

CERTIFICATE

k|df)fkq g+=

============== lhNnf ===================== ufp¤kflnsf÷gu/kflnsf ÷dxfgu/kflnsf ======================= j\*f g+= ======= a:g] ==============================sf %f]/f÷%f]/L >L÷;">L÷>LdtL ========================================n] ldlt 2079.11.14 b]lv 2080.01.31 ;Dd ;~rflnt s]o/ lue/ laifosf] 390 #)^f cjlw -%f]^f] cjlw\_ sf] tfnLd ;kmntfk"j{s ;DkGg ug"{ ePsf] k|dfl)ft ul/G% .

This is to certify that Mr./Ms./Mrs. ............................ son/daughter of Mr./Mrs. ...................... ; a resident of ............................ Rural/Urban Municipality/Metropolitan of ........................................ district has successfully completed Caregiver training (short term) of 390 hours duration conducted from date 2079/11/14 to 2080/01/31.

Date of Issue: 14 May 2023 .....................................................

Principal