## FORM - C

## **DETAILS OF THE EMPLOYEE**

1.	Name of the Enterprise:
2.	Date of Commercial Production:
1.	Age
2.	Social Status: SC/ST/Other Women-SC/Women-ST
3.	Local / Non local (District as an unit)
4.	Educational Qualifications: ITI/Degree
5.	Previous Experience
6.	a) EPF No.
	c) ESI No.
7.	Date of Joining the Industry:
8.	Training Period : From to
9.	Expenditure incurred for Training:
10.	Training Organisation :
11.	Whether any Government funds availed the Organisation for this training purpose. If so,
	details I have verified the above facts & certify that they are true and correct.
	AUTHORISED SIGNATIORY:
	Name:

Designation:
Date:
Seal: