

Application for Re-orientation Course for Trainers

Place : _____ : From _____ to _____

Name of the State Association :

(1) Full name (In block letters) _____

Assistant Leader Trainer / Leader Trainer : Section : C / S / R

Hon'ble Charge No. Date : Valid till :

Last Re-orientation Course for Trainers attended : Place :

From to

(2) Full Postal address : _____

DOB : E-mail ID : Mob.No.

(3) Occupation : _____

(4) Date of Birth and age : Date Month Year (Age)

(5) Educational qualification : _____

(6) Name of the Unit : _____

(7) Any other qualification : _____

Date :

Signature of the Applicant

RECOMMENDED FOR ADMISSION

District Commissioner (S)
District : _____

District Training Commissioner (S)
District : _____

Recommendation of S.T.C. (S)
Date : _____

Forwarded through State Secretary