

# "Distric Rekiya Kendraya" Training Referral Feedback Form



DME- 27FB

District :

Month :

<b>Total Number of Training Referral Feedback taken per Month</b>	
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No	Description of Candidates	Division	Contact Number	Date of Training Referred	Current Status			
					Placed Training Institute	In a Training(specify)	Training Completed	Other (please specify)
	1..Name 2.Address 3.NIC Number							
	1..Name 2.Address 3.NIC Number							
	1..Name 2.Address 3.NIC Number							
	1..Name 2.Address 3.NIC Number							
	1..Name 2.Address 3.NIC Number							
	1..Name 2.Address 3.NIC Number							

I declare all the information provided above are true and correct

Prepared By

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Officer Name , Signature and Rubber Stamp

Certified by

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District Secretary (Certified by Rubber Stamp)