

JOB PLACEMENT MONTHLY FEED BACK FORM



DME- 31

District

Division

Year

Month

Name of the HRDA/DO	1	
	2	

Ref. No	Discription of Candidates	Division	Contact Number	Job Placement Date	(I) Placed Job Position (II) and Company Name	Still Working (Y/N)	If No	
							Departure Date	Departure Reason
1	1. Name				(I)			
	2. Address				(II)			
2	3. NIC Number				(I)			
	1. Name				(II)			
3	2. Address				(I)			
	3. NIC Number				(II)			
4	1. Name				(I)			
	2. Address				(II)			
5	3. NIC Number				(I)			
	1. Name				(II)			
6	2. Address				(I)			
	3. NIC Number				(II)			

Prepared By

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HRDA/DO

Certified By

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Divisional Secretary (Certified by Rubber Stamp)