



## REGISTRATION OF TRAINING STUDY AFTER (ADVANCED COURSE)

NAME OF THE STATE : \_\_\_\_\_

SL NO	Name of the Candidate ( In Block Letter )	District	Sec.	Date of Issue of Trg. Study	Date of Completion	Name of the Reader / Evaluator	SHQ. Cert. No. Date	NTC Reg. No.

STATE TRAINING COMMISSIONER (S)