TRAINING COMPLETION REPORT

(To be submitted soon after completion of one year Apprenticeship Training of Graduate / Technician / Technician (Vocational) Apprentice)

	Registra	atio	on No.
1.	(a) Name of the Apprentice (In Block Letters)	:	
	(b) Father's Name	:	
2.	Name and Address of the Establishment	:	
3.	Address for Communication	:	
	Graduate Apprentice Technician Apprentice Designation subject Field in egg. / Technology / Vocational Course – Designated Trade	 :	Technician (Vocational) Apprentice
6.	Period of training (Extension of Training, if any, to be indicated)	:	From To
7.	Area of Training:		
8.	Assessment of performance	:	Excellent Average Above Average Below Average (Tick whichever is applicable)
9.	Remarks, if any	:	
		Sig	gnature of Employer With seal
	Name:		
Designation:			