

**PERFORMA FOR PLACEMENT DETAILS OF THE TRAINING PROGRAMME
SPONSORED UNDER M/O DONER'S " CAPACITY BUILDING & TECHNICAL ASSISTANCE"**

YEAR :
 NAME OF THE CENTER & LOCATION :
 NAME OF THE COURSE :
 DURATION OF THE COURSE :
 DATE OF COMMENCEMENT :
 DATE OF COMPLETION :
 NO . OF CANDIDATES TRAINED :
 NO. OF CANDIDATES PLACED :
 % OF PLACEMENT :

Sl. No	Name of trainee & Permanent postal address	Gender	Category (Gen/SC/ST/OBC)	Date of Birth	Qualification SSC Roll No. & Name of State/Central Board	Aadhar No.	Placement/ Company name/ Address with Contact No. & email id	Designation & Salary being paid/offered	With Accommodation / Without Accommodation	Contact No/ Email of trainee	Photograph of the Candidate
1	2	3	4	5	6	7	8	9	10	11	12

Signature
Head of the Institute

