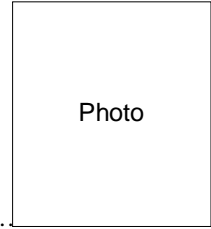




**Application for Re-orientation Course for Trainers**

Place : \_\_\_\_\_ : From \_\_\_\_\_ to \_\_\_\_\_

Name of the State Association : .....



Photo

(I) Full name (In block letters) \_\_\_\_\_

Assistant Leader Trainer / Leader Trainer : ..... Section : C / S / R

Hon'ble Charge No. .... Date : ..... Valid till : .....

Last Re-orientation Course for Trainers attended : Place : .....

From ..... to .....

(2) Full Postal address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOB : ..... E-mail ID : ..... Mob.No. ....

(3) Occupation : \_\_\_\_\_

(4) Date of Birth and age : Date ..... Month ..... Year ..... (Age .....)

(5) Educational qualification : \_\_\_\_\_

(6) Name of the Unit : \_\_\_\_\_

(7) Any other qualification : \_\_\_\_\_

Date :

Signature of the Applicant

**RECOMMENDED FOR ADMISSION**

District Commissioner (S)  
District : \_\_\_\_\_

District Training Commissioner (S)  
District : \_\_\_\_\_

Recommendation of S.T.C. (S)  
Date : \_\_\_\_\_

**Forwarded through State Secretary**