

SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED	1. 2. 3.
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Signature of the Candidate

**RECOMMENDATION BY THE CONTROLLING OFFICER
(Name & Designation with Seal)**

**(SIGNATURE OF THE RECOMMENDING OFFICER)
(Name & Designation with Seal)**

N.B.: Mail this form to the concerned Training Institute under intimation to the Under Secretary (Training), DST at trngcell.dst@nic.in