

To,

The General Manager,
District Industries Centre,

_____)
(Through the _____)

Subject: Grants-in-aid to the passed out trainees from :

- a) The Departmental Training Centre
- b) Other Government Recognised Training Institutions

Sir,

In response to your advertisement referred to above, I have the honour to submit herewith my application in prescribed form, as follows: -

1. Name and Permanent Address of the applicant Shri / Smti _____
(in full block letters) : _____

2. Age as on 1st March 200__ : _____ Years _____ Months _____ Days

3. Father's/ Mother's Husband's Name Shri / Smti _____
& Permanent Address : _____

4. Whether belongs to Schedule Caste/ Tribe? Yes/ No. :

If yes, please enclose a copy of the certificate

From a competent authority : Certificate enclosed / Not enclosed

5. Name and address of the training centre from which passed :

a. Name of Trade :

b. Duration of the course : 6 months / 1 year / 2 years

c. Division : 1st / 2nd Division

N.B: - Please enclose a copy of the mark sheet, if any.

6. Give a brief note about the nature of his
/ her engagement since completion
Completion of the Training Course :

- In case of the passed out training, the application should be submitted through the Heads of the Institutions Training Centres from which the applicant has passed.
(Strike out whichever is not applicable)

7. Whether any grants received during the past 2 years? Yes/ No
If Yes, please state:

Sl. No.	Sources of Receipt	Amounts Received	Year of Receipt	Remarks

8. Whether utilisation -accounts of the previous grants, if any, : Yes/ No

submitted to the Granting department? If yes, please submit
a copy of the acceptance of proper utilisation report : Enclosed/ Not enclosed

9. Production and sale during last year :

Sl. No.	Items of productions	Quantity		Value in Rs., p.		Remarks
		Produced	Sold	Produced	Sold	
1						
2						
3						
4						

10. Name of Industries/ Trade for which the:
Grants-in-aid is applied for:

1. Fixed Capital = Rs.
2. Working Capital = Rs.
Total = Rs.

11. Amount applied for:

12. Purpose for which applied (please enclose a copy of the scheme) and present position of the industry, if existing.

Date : _____

The : _____ 200_____

Signature of the applicant

REMARKS OF THE HEAD OF THE INSTITUTION FORWARDING THE APPLICATION

Seal & Signature of the Head of Institution

(FOR OFFICIAL USE)

Report of the inquiry officer:

Signature & seal of the Inquiry Officer

Recommended / Not recommended.

Signature & seal of the District Officer