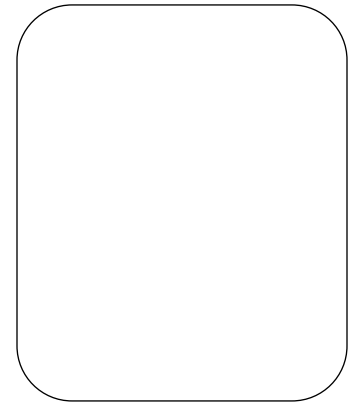




## CERTIFIED GST TRAINER



Name :

Date of Birth (DD/MM/YYYY) :

Gender :

Marital Status (Married / Unmarried) :

Full Address for Correspondence :

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Pin Code:-

State:-

Mobile No.:-

E-mail Address:-

Educational Qualification :-

Occupation :-

Teaching Experience (Educational Institution / Corporates / Training Centres)

<b>SI No.</b>	<b>State</b>	<b>Subject</b>
1		
2		
3		

How much Time you can spend in a Week for Training

<b>SI No.</b>	<b>Days</b>	<b>Hours</b>
1		
2		
3		

What is the minimum Fee required for a Training Session?

<b>SI No.</b>	<b>Hours</b>	<b>Fee</b>
1	2 Hours	
2	3 Hours	
3	5 Hours	

Area Selected for Training:-

<b>SI No.</b>	<b>State</b>	<b>District</b>
1		
2		
3		

*We hereby declare that the above information given by me is correct and complete to the best of my knowledge and no information has been distorted. If it is revealed that I have concealed or distorted any information my application may be rejected without any notice.*

**Name & Signature**

Attach: Latest Profile

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Trainer Selected

Reason .....

Allocated Training

Completed Training

Exam Attended

Exam Cleared

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EMPANELMENT NO.

Checked By

Verified By