

APP- 4

(Half Yearly)

Name and Address of the Establishment

The apprentice whose names and particulars are noted below have been engaged for undergoing apprenticeship training under the Apprentices Act,1961 at this Establishment during **200**..... They are qualified to be engaged as apprentices and satisfy the minimum requirements as laid down under the Rules.

Si No.	Name of apprentice	Educational Qualification	If ex-I.T.I. boy the particulars of the trade and I.T.I.				Name of corresponding designated Trade joined	Date of Joining	Remarks
			Name of I.T.I.	Trade	Period of training trade joined				
					Form	To			
1	2	3	4	5	6	7	8	9	10

N.B. :- The contracts of apprenticeship in respect of the above mentioned apprentices are in the process of execution and will be forwarded within one month.

**Signature of Employer / Training Officer
(Name and Designation)**

To,

1. The State Apprenticeship Adviser Or The Regional Director
2. The Principal,Industrial Training Institute where Basic Training / Related Instruction is proposed to be imparted to the apprentices. The apprentices will be released on Day / Block release basis for Related instructions at your Institution.