

B FORM

NORKA ROOTS ORIENTED SKILL UPGRADATION TRAINING PROGRAMME

Name of Course :

Period of Training :

Name of Institute :

Month and Year of test: / 07/2012

Sl. No	Name of Trainee (In Block Letter)	Date of Birth	Name of Guardian as per SSLC Book (In Block Letters)	Marks obtained		Aggregate	Pass/ Fail	Certificate No.	Remarks	
			Subject	Practical	Theory					
			Max. Marks	100	50					150
			Minimum for pass							
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Signatory authority
of NORKA ROOTS

Institute Seal

Signature of
Principal with date