Annexure-1

FORMAT FOR TRAINEE DATA DE-ACTIVATION (SESSION 2026-27)

State/UT: _____

S. No.	District	MIS Code of ITI	ITI Name	Trade	Shift	Unit	Trainee State Registration No.	Name of Trainee	Trainee DoB	Trainee Mobile No.	Date of Discontinuation Request	PRN Generated (Yes/No)
1.												
2.												
3.												

Certification: The list shall be signed and certified by the State/UT Director on each page, with official seal.

File No. DT/1997/2026-C1-Part(3) (Computer No. 907568)

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