

10. Year of Course Enrollment (only applicable for CBT applicants):

☐ 2024 ☐ 2025

I hereby declare that the above information provided is true and correct to the best of my knowledge. I have read and understood the rules and regulations of the competition and agree to abide by them.

.....

Date

.....

Signature

Recommendation by Training Provider

I certify that the above applicant is a qualified and competent skilled person to participate in the Skills Competition 2025.

Name of Recommending Officer/ Head of the Institute:

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Designation:

Institution/Organization:

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Contact Number:

Date:

Signature:

Official Stamp:

Instructions:

Attach a copy of NIC of the candidate.