



JOB PLACEMENT MONTHLY FEED BACK FORM

DME- 31

District
Division
Year
Month

Name of the HRDA/DO	1	
	2	

Ref.No	Discription of Candidates	Division	Contact Number	Job Placement Date	(I) Placed Job Position (II) and Company Name	Still Working (Y/N)	If No	
							Departure Date	Departure Reason
1	1. Name 2. Address 3. NIC Number				(I)			
					(II)			
2	1. Name 2. Address 3. NIC Number				(I)			
					(II)			
3	1. Name 2. Address 3. NIC Number				(I)			
					(II)			
4	1. Name 2. Address 3. NIC Number				(I)			
					(II)			
5	1. Name 2. Address 3. NIC Number				(I)			
					(II)			
6	1. Name 2. Address 3. NIC Number				(I)			
					(II)			

Prepared By
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HRDA/DO

Certified By
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Divisional Secretary (Certified by Rubber Stamp)