

"Distric Rekiya Kendraya" Monthly Progress Report Training Referral Details



DME- 35

District : _____ Month : 20.....

1	Total Training Opportunity Registration	
2	Total Training Matching	
3	Total Training Referrals	

Name of the HRDA :	1
	2
	3
	4
	5

No	Name of the Job Seeker	Address	M/F	Contact No	Name of the Training Institute	Referred Training / Course
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						