



**11. Details of Training and placement done in Kerala**

No	Name of Course	No of Persons trained	No of Persons Placed	Major placement partners

**12. Experience as Skill Training Provider for Government agencies/Department**

(Please list out the name of agencies/Departments)

No	Name of Agency/Department	No of persons trained	No of person undergoing training	No of Persons placed

**13. Cities Preferred for conducting training programme under NULM:**

**14. Enclosures**

- (1. ) Enclose attested copy of the credentials to prove your eligibility to work as a Skill Training Provider under NULM in Kerala as per the attached Proceedings.
- (2. ) Enclose a letter of willingness signed by your CEO

Signature of the Authorised Signatory

Place :  
Date :