National Apprentice and Industrial Training Authority

…… Office/Institute

Official date stamp

Duty Programme for the month of ……... 20….

Name of Officer : ……

Designation : ……

No. of establishments according to the programme } ……..

Work Station : ……

Residential Address :
……

Vehicle of travel/req. No:
……..

Date	Expected time to reach establishment	Establishment and Address	Duty to be Performed	No.of Apperentices	Dist. K.m	Place of stay for night

Doc No : Trg/Ins/F-1

Date	Expected time to reach establishment	Establishment and Address	Duty to be Performed	No.of Apperentices	Dist. K.m	Place of stay for night

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I hereby that I have planned to visit establishments in close proximity within my area of work depending on the nature of duty and in a manner incurring the least expense and also that I shall work in keeping with the monthly programme.

Date : …… …….

Signature of Applicant

I recommennd and forward for approval as the particulars entered applicable.

Date : …… ……..

Name and Signature of Recommending Officer

Approved on the recommendation of Training Officers / Co-ordinating Officers as particulars contained in the programme are acceptable.

Date : …… ……

Name and Signature of Approving Officer