**FORMAT**

***(In the Letter Head of the Company)***

Date:

Information provided to Implementation Agency indicating requirement for new manpower – Primary Skill Development training of new persons not employed in the sector under HRD scheme

**NEW MANPOWER REQUIREMENT**

**Under HRD Scheme of IFLADP 2017-2020**

**Submitted to Implementation Agency…………………………………………….**

|  |  |
| --- | --- |
| Name of the company |  |
| Name of the Proprietor / CEO / Director |  |
| E mail: |  |
| Mobile: |  |
|  |  |
| Product Segment: |  |
| Number of new manpower required: |  |
| Courses (NSQF compliant) to be conducted |  |
| Location & contact details of the Factory or factories in which manpower would be employed | 1.  Address:  Name of Factory Manager / competent authority:  Designation:  Email:  Mobile Phone:  2.  3. |

Signature

Name of the Authorised Signatory:

Designation:

Mobile:

Email:

Seal of the company

Date:

*NB:*

*Please give above details for each product segment you require manpower for.*

*In case several factory locations, please mention details, serial number wise.*