

**DETAILS OF CANDIDATE FOR VERIFICATION /RECOMMENDATION
FROM ICSI HEAD OFFICE/REGIONAL OFFICE/LOCAL CHAPTER.**

1. Name of the Candidate: -----
2. Date of Birth-----
3. Father's/Husband's Name.....
4. Registration No. issued by I.C.S.I.....
6. Details of Educational Qualification

S. No.	Name of Course	Year of Passing.	% of Marks	Remarks
1	ICSI Executive Pass			
2.	ICSI Professional Pass			
3				

SIGNATURE OF CANDIDATE

**VERIFICATION/RECOMMENDATION BY ICAI HEAD OFFICE/
REGIONAL OFFICE/LOCAL CHAPTER**

It is certified that Mr/Ms..... is a bonafied student of this Institute. The above details given by the candidate are true & verified as per our record. He/She is recommended for training as Management Trainees with M/S UJVN Ltd., Dehradun.

Date:

Signature of Recommending Authority
with Seal/Rubber Stamp