

Form-VIII
(See rule 8(5))

Training Certificate

Serial number

Name of the Training Agency

Address of the Training agency

Training Agency Recognition No

[The recognition of this agency is valid upto (date)]

Certified that _____ son/daughter of _____ resident of _____ has completed the prescribed training for the engagement or employment as a Private Security Guard/Supervisor confirming to National Skill Qualification Framework (NSQF) standards from _____ till _____ .

His signature is attested below.

Signature of the Certificate Holder

Signature of issuing authority

Designation

Place of issue

Date of issue