


Sl. No.	Full Name of Training Recipient (Trainee)	Registration Number	Employer Name	Employer Address	Employer Contact No.	Employer Email	Employer Website	Employer Type	Employer Category	Employer Size	Employer Status	Employer Registration No.	Employer Registration Date	Employer Registration Validity	Employer Registration Status	Employer Registration Category	Employer Registration Size	Employer Registration Status	Employer Registration Validity	Employer Registration Status
1	Mr. [Name]	[No.]	[Name]	[Address]	[No.]	[Email]	[Website]	[Type]	[Category]	[Size]	[Status]	[No.]	[Date]	[Validity]	[Status]	[Category]	[Size]	[Status]	[Validity]	[Status]
2	Mr. [Name]	[No.]	[Name]	[Address]	[No.]	[Email]	[Website]	[Type]	[Category]	[Size]	[Status]	[No.]	[Date]	[Validity]	[Status]	[Category]	[Size]	[Status]	[Validity]	[Status]
3	Mr. [Name]	[No.]	[Name]	[Address]	[No.]	[Email]	[Website]	[Type]	[Category]	[Size]	[Status]	[No.]	[Date]	[Validity]	[Status]	[Category]	[Size]	[Status]	[Validity]	[Status]

NOTICE: The Government of Kerala, through the Director of Employment & Craftsman Training, is hereby notified that the above mentioned details are for information only and are not to be used for any other purpose. The Government of Kerala reserves the right to cancel the registration of any employer who is found to be in violation of the provisions of the Act and the Rules thereunder.


 Director of Employment
 & Craftsman Training
 Meenhalaya, Shillong