## RECORD OF PROGRESS OF APPRENTICES

(To be submitted once a Quarter in respect of Graduate /Technician /Technician (Vocational) apprentice along with the claim for reimbursement.)

| Name  |                        | Registration No                  |                      |
|---|------------------------|----------------------------------|----------------------|
| Subject field in Engineering or (Please specify branch / course |                        | nal                              |                      |
| Under Training at (Please speci                                 | fy Name and place of   | f the establishment)             |                      |
| Date of commencement of train                                   | ning:                  |                                  |                      |
| Area (Department / Section of                                   | Training in the establ | lishment) During the Quarter     |                      |
| Progress Report for Quarter  i) Aptitude for Training           | From                   | То                               |                      |
| ii) Performance During the Qu                                   | arter                  |                                  |                      |
| iii) Shortcomings, if Any                                       |                        |                                  |                      |
| iv) Reaction of Trainee to Corr                                 | ective Action at (iii) | Above                            |                      |
| v) Assessment   |                        |                                  |                      |
| Excellent/ Very good/ Good / I                                  | Jnfit (Please reproduc | ce clearly)                      |                      |
|   |                        | Remarks                          |                      |
| Signature of Apprentice   |                        | Signature of Officer/Executive/I | n charge of Training |

Name and Signature of Manager (HR) with Establishment Seal

## RECORD OF PROGRESS

(To be submitted once a quarter in respect of Graduate/Technician/Technician (Vocational) apprentices alongwith claim for reimbursement)

| Sr.<br>No. | Name of<br>Apprentice | Registration<br>Number | Date<br>of<br>Joining | Progress<br>report<br>for the<br>quarter | Subject field in Engineering or<br>Technology/Vocational(Please<br>specify branch /course of<br>study | Area (Department/Section of Training in the establishment) During the Quarter | Aptitude<br>for<br>training | Performance<br>during the<br>quarter | Short-<br>commings<br>if any | Reaction<br>of trainee<br>to<br>correction<br>at<br>previous<br>col. | Assessment<br>(Excellent/Very<br>good/Good/Unfit<br>(Please<br>reproduce<br>clearly) | Remarks | Signature of<br>Office/Executi<br>ve/Incharge<br>ofTraining | Signature of Apprentice |
|------------|-----------------------|------------------------|-----------------------|--|---|---|-----------------------------|--------------------------------------|------------------------------|--|--|---------|---|-------------------------|
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
| _          |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
| _          |                       |                        |                       |  |   |   | -                           |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              | -  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  | - (  |         |   |                         |
|            |                       |                        |                       |  |   |   |                             |                                      |                              |  |  |         |   |                         |

Name and Signature of Manager with Establishment Seal

N.B.: - Please submit the App-6 for each quarter for each apprentice separately.

## APPRENICES (AMENDMENT) ACT, 1973/1986 FORM CLAIMING THE REIMBURSEMENT OF STIPEND

CHEQUE SHOULD BE DRAWN IN FAVOUR OF "...."

CLAIMS FOR REIMBURSEMENT & STATEMENT OF ACCOUNTS FOR QUARTER ENDING MAR./JUN/SEP./DEC.20....

In Respect of Apprentices under training with M/S.....

| Registration<br>Number | Date of<br>Engagement | Name of<br>the<br>Apprentice | Rate of<br>Stipend<br>Rs | Govt.<br>Share<br>of<br>Stipend | Total<br>Period | Total<br>Amount<br>Payable | Deductions<br>if any | Detailed<br>reasons<br>for<br>deduction | Stipend<br>amount<br>actually<br>paid to the<br>apprentice<br>Rs | Stipend<br>amount to<br>be<br>reimbursed<br>by Govt.<br>Rs | Remarks |
|------------------------|-----------------------|------------------------------|--------------------------|---------------------------------|-----------------|----------------------------|----------------------|---|--|--|---------|
| 1                      | 2                     | 3                            | 4                        | 5                               | 6               | 7                          | 8                    | 9                                       | 10   | 11   | 12      |
|                        |                       |                              |                          |                                 | (4)             |                            |                      |   |  |  |         |
|                        |                       |                              | 2                        |                                 |                 |                            |                      |   |  |  |         |
|                        |                       |                              |                          |                                 |                 |                            |                      |   |  |  |         |