



# CENTRAL COALFIELDS LIMITED

VST - 1

DARBHANGA HOUSE, RANCHI

## DECLARATION BY THE EMPLOYEE APPLYING FOR PRACTICAL/VOCATIONAL TRAINING IN CENTRAL COALFIELDS LIMITED FOR THEIR WARDS RELATING TO PARTIAL FULFILMENT OF THE SYLLABUS

Name & address of the Employee :

Designation :

Unit/Area :

CMPF Account No. :

Relationship with the student/ward :

Name of the student/ward :

Date of Birth :

Name of the Institute/College studying :

Name of the Course :

Duration of Training required :

Telephone/Mobile No. :

### DECLARATION

I hereby declare that the information furnished above are true to the best of my knowledge and belief. I shall also be held responsible under CDA Rule/Standing Order of the Company in case of any wrong information given above.

Place :

Date :

(Signature of the Employee)

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For office use :

Place :

(Signature with seal of the Controlling/Personnel)  
Office after due verification from service sheet

Date :

Please enclose :

1. Self Attested copy of Identity card issued by the Institute to the student.
2. Self Attested copy of Identity card issued to the employee.
3. Original letter from the Institute/College relating to the training.