



Institute of Human Resources Development
Training Programme on Tally.ERP9 - 2015

List of Participants

Institution :

A. Accounting staff (Cashier/OA/Supt. etc)

Name & Designation of staff	Regular/ Temporary	Date from working in the present Institution	Whether participated in the earlier training in 2012. (Yes/No)	Mobile no.	Food Preference (Veg./Non-Veg.)
1.					
2.					

B. Head of Institution.

Name & Designation of staff	Regular/ Temporary	Date from working in the present Institution	Whether participated in the earlier training in 2012. (Yes/No)	Mobile no.	Food Preference (Veg./Non-Veg.)
1.					

Place :

Date :

(Office seal)

Head of Institution

(Please send scanned/soft copy of this form to ihrd.tally@gmail.com also.)