

**NATIONAL VOCATIONAL TRAINING INSTITUTE (NVTI)**

**INFORMAL APPRENTICESHIP DEPARTMENT**

**REGISTRATION OF MASTER CRAFT PERSONS' WORKSHOPS/GARAGES/SITES**

Town ..... Region ..... District ..... Zone.....

TRADE OF PROFESSION: .....

NO	DATE REGISTERED	NAME OF WORKSHOP/GARAGE/CENTRE	AFFILIATION TO TRADE ASSOCIATION	LOCATION	CONTACT PERSON ADDRESS/TEL.	NO. OF MASTER CRAFT PERSONS	NO. OF APPRENTICES	SIGN/STAMP	REMARKS

NAME/SIGNATURE.....

ZONAL HEAD OF APPRENTICESHIP

ZONE:

DATE:

NAME/SIGNATURE.....

MASTER CRAFT PERSON

REGION:

DATE:

NAME/SIGNATURE.....

HEAD OF INFORMAL APPRENTICESHIP

NVTI – HEAD OFFICE

DATE:

