STANDARD FORM OF SOP



SF 4.6A: On the job training plan for the batch

Batch No.: Name of the domain: Training start day: Training end date:							
Sl. No.	Company name and address	Department name	Supervisor name and contact no.	No. of candidates required	Nature of OJT*	Stipend to be paid (if any)	Duration
Note: *Daily OJT plan should be uploaded along with these details.							