STANDARD FORM OF SOP



SF 6.3A4: Batch completion summary

	Batch No.	Tra de	Training start date	Training end date	No. of candidates completed training	No. of candidates completed training							No. of	No. of	
Training centre name						Gender wise			Category wise			Minoriti es	P W D	candi dates delist ed	candid ates droppe d out
						Male	Femal e	Transg ender	SC	ST	Ot her s				