

## FORM - 13 KNOW YOUR TRAINER (KYT)



## **RESOURSE SUPPORT AGENCY**

Scheme for Capacity Building in Textiles Sector - समर्थ (Samarth) of Ministry of Textiles, Government of India

(	To be t	filled	in ca	pital	letters	onl	y)							
TYPE OF TRAINER (Please ✓)		lew	Trair	ner		E	kisting	g Trair	ner					
PREFERRED RSA COURSE /JOB ROLES TO BE OPTED FOR TRAINING WITH COURSE CODE (Please write one course at a time)										re	ease cent p	oass	s po	
NAME OF TRAINER	size Photo and sign across it.													i
ADDRESS OF TRAINER														
TRAINER MOBILE NUMBER AND MAIL-ID														
TRAINER QUALIFICATION (Please attach attested copy of proof of qualifications)			4											
NO. OF YEARS OF EXPERIENCE (Please attach valid proof)														
PROPOSED STATES FOR TRAINING														
WHETHER APPROVED BY ANY TEXTILE RELATED SSC? YES/NO (Please attach valid proof)														
AMOUNT PAID & TRANSACTION NO. (Please attach valid proofs)				<b>&gt;</b>										
AADHAAR No.														
PAN CARD No.														
TRAINER SPECIMEN SIGNATURE	1				2					3				
NAME OF IMPLEMENTING PARTNER				-					l					
NAME & SIGNATURE OF AUTHORIZED SIGNATORY WITH OFFICE SEAL/STAMP														
		FOR	RSA	USE	ONLY									
VERIFIED BY	<u> </u>													
APPROVED BY	<u> </u>		-	1					1	, ,				
ALLOTED CODE OF TRAINER (UID)														
*Attach relevant documents proofs of eliquipular applicable), Aadhar card photocopy, PAN					ation p	oroof	fs, exp	erience	pro	ofs, T	oT pro	ofs (	if	