

## CBT TRAINING ACHIEVEMENT SUMMARY

Name of Institute: \_\_\_\_\_ District: \_\_\_\_\_

CBT Course: \_\_\_\_\_ Level: \_\_\_\_\_

Trainee Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC/B. Form No. \_\_\_\_\_

Training Start Date: \_\_\_\_\_

Signature & Thumb Impression of Trainee

Training Completion Date: \_\_\_\_\_ OR Training Termination Date: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Designation: \_\_\_\_\_ Signature of Instructor: \_\_\_\_\_

**Note:- Monthly Test (Theory, Practical & Attitude) is the basis for Performance Judgment.**

Module & Units Description	Date of Assessment	Performance Judgment (Plz ✓)		Instructor's Signature	Trainee's Signature
		COMP	NYC		
Module 1:					
Module 2:					
Module 3:					
Module 4:					

**Verified by Principal  
Signature & Stamp**

Module & Units Description	Date of Assessment	Performance Judgment (Plz √)		Instructor's Signature	Trainee's Signature
		COMP	NYC		
Module 5:					
Module 6:					
Module 7:					
Module 8:					
Module 9:					
Module 10:					
Module 11					
Module 12:					
Module 13:					
Module 14:					

Verified by Principal  
Signature & Stamp