## BOARD OF APPRENTICESHIP TRAINING (WESTERN REGION)

(An Autonomous Body Under Ministry of Education, Department of Higher Education, Government of living



2nd Floor, Administrative Building, ATI Campus, V.N Purav Marg,Sion, Mumbal - 400022

Phone No: +91-22-24055635 / 24053682

Fax No: Email:

Website: https://nats.education.gov.in/



### APPRENTICE INFORMATION

Name

0

DIVIKA ANIL NARVEKAR Gender

F

Date of Birth

30 OCT 2001

Age

22

Father / Mother Enrollm

Name

ANIL NARVEKAR

**Enrollment Number Caste** 

AGANG5112398 OTHERS

PWD

N

Address for Communication

MAPUSA S.O, H NO 136,KHORLIM MAPUSA BARDEZ GOA,NORTH GOA GOA,403507 Mobile Number

9146350399

Email Address

Contract Id

divika30narvekar@gmaGANGP1728202

### **EDUCATIONAL QUALIFICATION**

Name of the InstitutionUniv. Regn. Number / Month & Year of

/ College /University

DOTE / DTE Regn.

passing

ST XAVIERS

Number / +2 Regn

8, 2022

COLLEGE OF ARTS 201905947

SCIENCE &

**COMMERCE MAPUSA** 

Educational Qualification

BACHELOR OF SCIENCE -MICROSIOLOGY MP CONTRACT REGISTRATION FORM

herepa // mass arbitrations from confinctionary according to the glass school s

Training start date

Period of Training

Stipend Rs per money

17 JUL 2024 12 MONTHS

12000

The apprentice would be undergoing training under section 22 (1)

# NAME AND ADDRESS OF THE EMPLOYER

Tivim le S.O - NORTH GOA - 403526 CENTAUR **PHARMACEUTICALS GOA** PRIVATE LIMITED -WGABPP000150

O We, the Employer, Apprentice hereby declare that we have read the contents of the Apprenticeship Contracts as per the Apprenticeship Rules, 1962, as amended from time to time and agree to abide by all the provisions made thereunder. We also declare that all the provisions of the Apprentices Act, 1961, as amended from time to time including those relating to Registration and Termination of Contract are binding on us. According to the apprentice, it is inferred, that the apprentice has not undergone apprenticeship training elsewhere or had work. We will impart Apprenticeship training according to the approved training module/programme.

It is requested that the Registration Number may kindly be noted in your records and the claims for the reimbursement of Government share of stipend if any, may please be sent to this office once in a quarter along with Progress Report of the apprentices in the prescribed Form Apprenticeship -3.

#### NOTE

This is system generated ACRF document. Agreeing to the terms and conditions in the workflow is as good as signing of physical contract form on mutual agreement between Student and Establishment It has all legal binding as per the law if mutual trust is breached. IP address of Establishment submitting this request: 114.143.130.26:52603 IP address of student accepting this request: 114.143.130.26.53960

# TERMS AND CONDITIONS OF THE CONTRACT OF APPRENTICESHIP FOR GRADUATE AND TECHNICIAN APPRENTICES

1. The period of training shall be one year (In the case of Sandwich students the period of the training shall be as stipulated in curriculum)

2 it shall not be obligatory on part of the employer to offer any employment to the apprentice on successfully completing the apprenticeship training in their establishment nor shall it be obligatory on part of the apprentice to accept an employment under the employer NOTE: If, however, there is a condition in the contract of apprenticeship that the apprentice shall after the successful completion of training serve the employer, the employer shall, on such completion be bound to offer suitable employment to the apprentice and the apprentice shall be bound to serve the employer in that capacity for