

Certificate No.....



.....
(Name and Address of ATS unit/centre)

CERTIFICATE

This is to certify that Mr/Ms _____
has complied all the requirements of CAR, Section-9, Series-L Part-III
and accordingly authorized as **Instructor** in the following units to
discharge the functions as mentioned in the above CAR.

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

This certificate is valid upto.....

Date:

Place:

(Signature and seal)
Executive Director(CAP)