

Certificate No.....



.....  
(Name and Address of ATSTO)

### 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 subjects and  
the courses 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)  
Head of Training/Chief Instructor