

DECLARATION FORM

This is to verify that Mr./Ms.....of Pioneer Institute of Professional Studies, Indore has undergone training from (Name of Organization)for a period ofdays (FromDate to.....Date) in the field of.....(Marketing, Finance, Production, Human Resource or Operations)

During the training the student has abided by the rules and regulation of our organization and his/her code of conduct was satisfactory.

Signature of Reporting Officer

Or

Signature of Authorized Person

Details of Reporting Officer/Authorized Person

Name of the Person:-

Designation:-

Email Id:-

Contact No. (Desk):

Mobile No:-