

FORM IV
(see rule 5(3))

TRAINING CERTIFICATE

Serial Number

Name of the Training Agency
Address of the Training Agency
Licence No.

Certified that _____ son/daughter of _____
resident of _____ has completed the prescribed training for
the engagement or employment as a Private Security Guard from _____
till _____

Signature of the Certificate Holder

His signature is attested below.

Signature of issuing authority

Designation:

Place of issue:

Date of issue:

Office Seal :