Regional Apprenticeship Day 2026

Attendance Report of Apprentice

Name of the Apprentice: _____

NATS Enrollment ID: | | | | | | | | | | | | | | | | |

NATS Contract ID: | | | | | | | | | | | | | | | | |

Date of Joining: _____/ _____/ _____

Date of Completion of Training: ____/____/_____

Attendance Report

1. He/she completed the apprenticeship training successfully at your establishment- Yes / No
2. He / She attended the Apprenticeship Training in all the months- Yes / No
3. His / Her attendance during the Apprenticeship Training (Please Give √ mark)

☐ Above 90% ☐ 76% to 90% ☐ 60% to 75% ☐ Below 60%

Employer / Organization Name: _____

Address: _____

_____ _____

Signature of the Candidate Date & Signature of the Employer