

ONE DAY SHG CAPACITY BUILDING PROGRAMME - FOR SHG MEMBERS

NAME OF SHG : _____ NO. OF MEMBERS : ____

VILLAGE : _____

MODULE : _____ DATE : _____

TOPICS : _____

LIST OF PARTICIPANTS

SL. NO.	NAMES OF MEMBERS	SIGNATURE OF MEMBERS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

LIST OF PARTICIPANTS (CONTINUED)

SL. NO.	NAMES OF MEMBERS	SIGNATURE OF MEMBERS
13		
14		
15		
16		
17		
18		
19		
20		
	ABSENTEES	REASONS FOR ABSENCE
1		
2		
3		
4		
5		

Attested By : Stamp & Signature of Pres. & Secy.

Stamp & Signature of Resource Person
(SHG Coordinator / SHG Animator)

DATE : _____

PLACE : _____