	POLICE CONSULTATIVE WORKSHOP REPORT											
Plea	Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.											
Die	(A) Basic Information District Tehsil Union											
	nue of workshop	rensii		Union Start Date (day/month/year) End Date (day/month/year)								
• 6.	ide of Workshop				PCW Attendence Information							
S#	Name	Gender (M/F)	Belt Number	Batch	Designation	ID Card Number	Jurisdiction/Address	Signature	Contact No.			

S#	Name	Gender (M/F)	Belt Number	Batch	Designation	ID Card Number	Jurisdiction/Address	Signature	Contact No.	
		Name :								
		Designation:								
Organized By Organization		Organization:								
		Signature:	Date(Day/Month/Year):							