

CAPACITY BUILDING EVALUATION REPORT (CCBM)

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

1. Name of District	2. Name of Tehsil
3. Union Council	Union Council Name:
	Union Council Number (if available):

4	Location/Venue of Training		
5	Date of Event (day/month/year)	Start Date	End Date
6	Duration of Event (in total number of hours)		
	<i>Please calculate the total number of hours for the training event. For example, if a training session has been meeting for 6 hours every day for three days, then the total number of hours would be 18.</i>		

7	Name of organization conducting the training event:		
8	Number of trainers for the training event		
9	Trainer's Information	Name:	
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
		Address:	
		Phone 1: Area Code [] Number	
		Phone 2: Area Code [] Number	
		Qualification:	
10	Trainer's Information	Name:	
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
		Address:	
		Phone 1: Area Code [] Number	
		Phone 2: Area Code [] Number	
		Qualification:	

Filled By	Name
	Designation
	Organization
	Date (day/month/year)
	Signature

Trainees Attendance and Score Sheet								
Sr #	Name	Gender (M/F)	Designation (Nazim, Councilor etc)	Organization (UC, CCB etc)	Pre-test Score	Post-test Score	Day 1	Day 2
1								
2								
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Trainees Attendance and Score Sheet								
Sr #	Name	Gender (M/F)	Designation (Nazim, Councilor etc)	Organization (UC, CCB etc)	Pre-test Score	Post-test Score	Day 1	Day 2
29								
30								
31								
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33								
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