CAPACITY BUILDING EVALUATION REPORT (PCM)

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

1. District		2. Tehsil/Town/Taluka (if applicable)	
3	**Union Councils' Names**	1	
		2	
		3	
		4	
		5	
		6	
		7	
4	**Cluster Number**		
5	**Location/Venue of Training**		
6	**Date of Event** *(day/month/year)*	Start Date	End Date
7	**Duration of Event**	Day 1 : ( ) hours	Day 2 : ( ) hours Day 3 : ( ) hours
8	**Name of training organization:**		
9	**Number of trainers for the training event : ( )**		

10	**Trainer's Information**	Name:
		Gender: Male ☐ Female ☐
		Address:
		Phone: *Area Code [ ] Number*
		DTCE Qualified? Yes ☐ No ☐

11	**Trainer's Information**	Name:
		Gender: Male ☐ Female ☐
		Address:
		Phone 1: *Area Code [ ] Number*
		DTCE Qualified? Yes ☐ No ☐

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

Devolution Trust for Community Empowerment
House # 4, Main Nazimuddin Road, F-8/1, Islamabad - 111-333-823 | www.dtce.org.pk

CBE-1-PCM

S #	Name	Gender (M/F)	Union Council Name	Designation (Chairman CCB / Secretary CCB/ Member CCB / Secretary UC etc.)	CCB Name (Required only for CCB Members)	Attendance			Pre Test Score	Post Test Score
						Day 1	Day 2	Day 3		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										

Trainees Attendance Sheet - PCM

Devolution Trust for Community Empowerment
House # 4, Main Nazimuddin Road, F-8/1, Islamabad - 111-333-823 | www.dtce.org.pk

CBE-1-PCM

S #	Name	Gender (M/F)	Union Council Name	Designation (Chairman CCB / Secretary CCB/ Member CCB / Secretary UC etc.)	CCB Name (Required only for CCB Members)	Attendance			Pre Test Score	Post Test Score
						Day 1	Day 2	Day 3		
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Devolution Trust for Community Empowerment
House # 4, Main Nazimuddin Road, F-8/1, Islamabad - 111-333-823 | www.dtce.org.pk

CBE-1-PCM

Projects Proposals Prepared During the PCM Training Event							
S #	Union Name	CCB Name	Project Name and Description	Project Sector	Project Funding Tier (District / Tehsil / Union)	Proposed Start Date (day/month/year)	Proposed End Date (day/month/year)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Devolution Trust for Community Empowerment
House # 4, Main Nazimuddin Road, F-8/1, Islamabad - 111-333-823 | www.dtce.org.pk

CBE-1-PCM

Projects Proposals Prepared During the PCM Training Event							
S #	Union Name	CCB Name	Project Name and Description	Project Sector	Project Funding Tier (District / Tehsil / Union)	Proposed Start Date (day/month/year)	Proposed End Date (day/month/year)
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							