

CAPACITY BUILDING EVALUATION REPORT (PCM)

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(s)			
3	Union Councils' Names	1		
		2		
		3		
		4		
		5		
		6		
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 <input type="checkbox"/> Female <input type="checkbox"/>		
		Address:		
		Phone: Area Code [] Number		
		DTCE Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11	Trainer's Information	Name:		
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
		Address:		
		Phone 1: Area Code [] Number		
		DTCE Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Filled By	Name			
	Designation			
	Organization			
	Date (day/month/year)			
	Signature			

Trainees Attendance Sheet - 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										
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						Day 1	Day 2	Day 3		
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Projects Proposals Prepared During the PCM Training Event

S #	Union Name	CCB Name	Gender (M/F)	Socially Excluded Community Project (Y/N)	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									

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