

TRAINING OF TRAINERS (PCM) REPORT

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

1. Trainee Organization's Information		
S #	Name of District	Trainee Organization(s)

2	Location/Venue of Training		
3	Training Dates (day/month/year)	Start Date	End Date
4	Duration of Event (in total number of hours)		
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.			

5. DTCE Trainer's Information		
S#	Trainer's Name	Content Covered

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

Trainees Attendance and Score Sheet

S #	Name	Gender (M/F)	Qualification (Graduate/Post Graduate)	Organization Name	Address	Contact No.	Pre-test Score	Post-test Score	Day 1	Day 2	Day 3
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

S #	Name	Gender (M/F)	Qualification (Graduate/Post Graduate)	Organization Name	Address	Contact No.	Pre-test Score	Post-test Score	Day 1	Day 2	Day 3
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											