

Report on Financial Education Program for _____ (target group)

1	Details of the Workshop			
	a	Date of the Workshop		
	b	Time of the Workshop		
	c	Place of the Workshop		
	d	Name of the school/ college (in case of FETP/ FACT)		
	e	Taluka/Block		
	f	District		
	g	State		
	h	Number of actual participants attended		
	i	Language of the Workshop		
	j	Workshop within place of City/Town/Village		
2	Tick against Target Group, as applicable			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> SHGs <input type="checkbox"/> ASHA <input type="checkbox"/> Anganwadi Workers <input type="checkbox"/> House Wives <input type="checkbox"/> MGNREGA Women Beneficiaries <input type="checkbox"/> Rural Women <input type="checkbox"/> Rural Folks <input type="checkbox"/> Lower Income Group <input type="checkbox"/> Middle Income Group </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> General Public/ Mixed Group <input type="checkbox"/> MSMEs <input type="checkbox"/> Potential Entrepreneurs <input type="checkbox"/> Industrial Workers <input type="checkbox"/> Farmers/ FPOs <input type="checkbox"/> Employees of any organization <input type="checkbox"/> Senior Citizen <input type="checkbox"/> FACT (College students) <input type="checkbox"/> FETP (School teachers) </td> </tr> </table>		<input type="checkbox"/> SHGs <input type="checkbox"/> ASHA <input type="checkbox"/> Anganwadi Workers <input type="checkbox"/> House Wives <input type="checkbox"/> MGNREGA Women Beneficiaries <input type="checkbox"/> Rural Women <input type="checkbox"/> Rural Folks <input type="checkbox"/> Lower Income Group <input type="checkbox"/> Middle Income Group	<input type="checkbox"/> General Public/ Mixed Group <input type="checkbox"/> MSMEs <input type="checkbox"/> Potential Entrepreneurs <input type="checkbox"/> Industrial Workers <input type="checkbox"/> Farmers/ FPOs <input type="checkbox"/> Employees of any organization <input type="checkbox"/> Senior Citizen <input type="checkbox"/> FACT (College students) <input type="checkbox"/> FETP (School teachers)
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3	Contact details of the Head/Leader of the target of the target group		
	a	Name of the coordinator	

	b	Designation Full Address of the head of the institute	
	c	Contact Details	

4	Highlights/feedback of the program (Response of target group and impact of the program) (Not more than 100 words)
5	Suggestions if any (Not more than 50 words)

Signature:
Trainer Name: