

WAPNJ Training Gruha Saradhis Attendance Sheet

Date: __/__/----

MLO Name:	MLO Signature:
Secretariat Name:	Secretariat Code:
Mandal/Municipality:	District:

S.No	Gruha Saradhi Name	Phone Number	Cluster ID (C1, C2..)	Signature
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				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

S.No	Sachivalayam Convenor Name	Phone Number	Signature
1			
2			
3			

JCS Mandal Incharge Signature