Profile of Master Trainer

(State and District Level)

| Full Name (in Capital): | | | Affix a Photo | |
|---|---------------------------------|----------------------------------|--|--|
| Husband/Father Name: | | | (size 2.5" X 2") | |
| Gender: Male/Female/Trans | Contact No: | | (20KB) | |
| Social Category: SC/ST/OBC/Others | Aadhaar No: | | DOB: DD/MM/YYYY | |
| Marital Status: Married/Unmarried | Email ID: | | Education Standard: | |
| Address: | | | | |
| Bank: | | Branch: | | |
| Account No: | | IFSC: | | |
| Level of Master Trainer: State/District/Block | | State/District/Block Name: | | |
| Trainer from the category: NRLM Sto | aff/ Individual/ NGO/ VC | D/Cadre | | |
| Primary Subject (Theme): | | Training received* (No of days): | | |
| Master Trainer | | | | |
| Additional Subject (Theme) | Training received* (No of days) | Additional Subjec | t (Theme): Training received* (No of days) | |
| 1 | | 6 | | |
| 2 | | 7 | | |
| 3 | | 8 | | |
| 4 | | 9 | | |
| 5 | | 10 | | |
| Training received by the Master Trainer | for the respective subject/the | eme needs to be indica | ted. | |

Verified By:

Date:

| Primary and Additional Subjects (Theme) of Master Trainer | | | |
|---|--------------------------------------|--|--|
| 1. Social Mobilization & Institution Building | 6. Gender | | |
| 2. Visioning & Leadership | 7. Food Nutrition Health Wash (FNHW) | | |
| 3. Planning & Convergence | 8. Livelihoods & Micro Enterprise | | |
| 4. Financial Inclusion | | | |
| 5. Fund Management & Audit | | | |

Signature