

## District Main Coordinator Overall Monthly Progress Summary



DME- 43

District :  
 Name of the Main Coordinator :  
 Month :  
 Year :

| No | Date | Programme name | Division | Place | Name of Coordinator | Name of Resource person | Number of Participation | Expenditure |
|----|------|----------------|----------|-------|---------------------|-------------------------|-------------------------|-------------|
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I declare all the informations provided above are true and correct

Date .....

Officer Signature and rubber stamp

.....  
 Certify- District Secretary  
 & Official stamp