

**Employment Opportunities initiated by the Entrepreneurship Development Training and Self Employment Promotion Programs  
Planning and Monitoring Unit**



District.....

Divisional Sctrariat .....

Name of the officer .....

201..... Month.....

**DME- 29**

Index No	Developed Self Employee/Entrepreneur Name	Address and Telephone No	GN Division	Name of the Business	Business Started Date	Average Monthly Income	Initiated Jobs
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Above details submitted

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Name of the officer

Above details approved

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Divisional Secretary /Authorized officer signature

Progress related to the Beneficiaries of the self employment promotion programs should be reported after conducting feed back.



