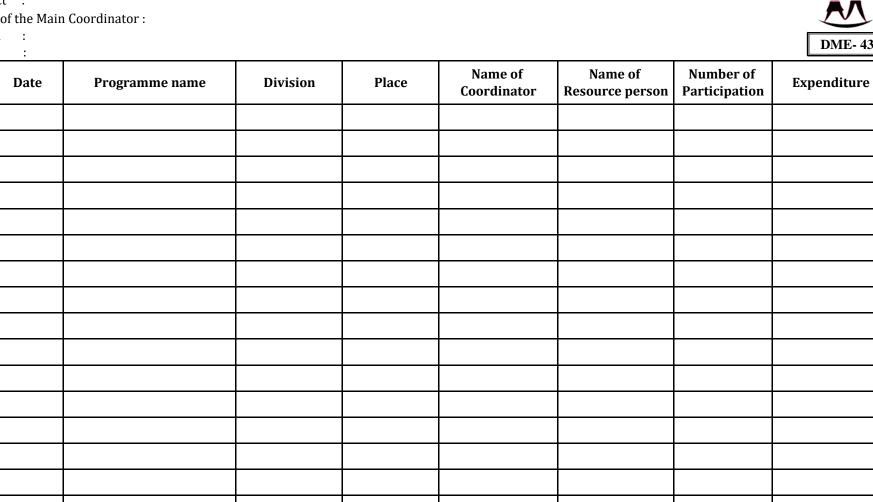
District Main Coordinator Overall Monthly Progress Summary

District : Name of the Main Coordinator :

Month Year

No



I declare all the informations provided above are true and correct

Date

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

Officer Signature and rubber stamp

