## "District Rekiya Kendraya"

## Monthly Information On Career guidance Services Provision-Individual Officer

DME- 26B

**District** :

Month :

Name of the Officer :

	Information on the Client				Information on the Services Provided	
No	Name of the Beneficiary	Address	Contact Number	NIC Number	Discription of the supplied services	Date of Service Provided

I declare all the informations provided above are true and correct

Date.....

District Secretary/Signature of Authorized Officer.....

.....

Officer Signature and rubber stamp

Official Stamp