## "District Rekiya Kendraya" 2019 Entrepreneurship Development & Self Employment Program Progress Monthly Report Individual Officer

| District : | Month: |
|------------|--------|
|------------|--------|

| Total Enterprenuers and Self Employers Initiated | Name of the Officer : |
|--|-----------------------|
|  | <del></del>           |

| No | Name of the Initiated<br>Benifishery | Address | Contact No | GN Division | Bussiness<br>type | Bussiness<br>started date | Gross Monthly<br>Income | Number of jobs generated |
|----|--------------------------------------|---------|------------|-------------|-------------------|---------------------------|-------------------------|--------------------------|
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |
|    |                                      |         |            |             |                   |                           |                         |                          |

| I declare all the informations provided above are true and correct  Date |  |  |  |  |  |  |  | Officer Signature Official stamp |
|--|--|--|--|--|--|--|--|----------------------------------|
|  |  |  |  |  |  |  |  |                                  |