

Verified by:

DD / MM/ YYYY

### Cluster Submission

<b>District:</b>				<b>Tehsil:</b>			<b>Organization:</b>			
<b>Locality:</b> Rural <input type="checkbox"/>		Urban <input type="checkbox"/>		Slum <input type="checkbox"/>		<b>Training for :</b>		Primary <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/>		
<b>Best Suitable Option for Venue (Option I)</b>				<b>Best Suitable Option for Venue (Option II)</b>						
<b>Principal Name</b>				<b>Principal Name</b>						
<b>Contact No.</b>				<b>Contact No.</b>						
<b>Any Training by PEF conducted at Venue I?</b>				<b>Any Training by PEF conducted at Venue II?</b>						
<b>Year &amp; Month</b>				<b>Year &amp; Month</b>						
<b>Preferred Date &amp; Time</b>				<b>Preferred Date &amp; Time</b>						
	<b>Cluster School</b>	<b>Address</b>			<b>School Level</b>	<b>FAS</b>	<b>No. of Teachers nominated</b>	<b>Contact No.</b>	<b>Distance from Venue I</b>	<b>Distance from Venue II</b>
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**Organization's Head's Sign & Stamp**