Name of RSTC :

Total													
Learners	EV	Care taker	Cook	Attendent cum helper	Chawkidar cum mali								

Month :

District :

Year:

Signature of DPO (ST)

..... District

Name & No.	1st day	2nd day	3rd day	4th day	5th day		8th day	9th day	10th day		13th day		16th day	18th day			23rd day	25th day	27th day	28th day	29th day	31st day
Learners																						
Care taker																						
EV																						
Cook																						
Attendent cum Helper																						
Chawkidar cum mali																						

Signature of DMC

Signature of BMCBlock Signature of Block Accountant (i/C)

Signature of Care takerRSTC

Note: Please provide signature with seal