

Group                      1 \_\_\_\_\_                      2 \_\_\_\_\_

District \_\_\_\_\_

	Member's Name	Father's/Husband's Name	Group No. (1, 2)	Signature of the member
1				
2				
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[illegible]

Fill this form during video dissemination				
	Member's Name	Father's/Husband's Name	Group No. (1, 2)	Signature of the member
17				
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21				
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25				
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27				
28				
29				
30				
Problems faced in understanding the video: _____				

Name of mediator

Signature of the mediator

Fill this form during adoption verification								
Date of adoption	Put a ✓ if the member has adopted the essential points.					Date of verification	Signature of the member	
	1	2	3	4	5			
Problems faced during adoption: _____								