Video Name				Village Organisation	
Mediator's Name				Village	
Start Time	Morning	Afternoon	Evening	Block	
Dissemination Date				District	
Group 1		2			

	Fill this form during video dissemination											
	Member's Name	Father's/Husband's Name	Group No. (1, 2)	Signature of the member								
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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					

Fill this form during video dissemination					Fill	this	s fo	rm	du	ring	adoption v	erification
	Member's Name	Father's/Husband's Name	Group No. (1, 2)	Signature of the member	Date of adoption	Put a ✓ if the member has adopted the essential points.			has I the	ts.	Date of verification	Signature of the member
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Problems faced in understanding the video:		Problems faced during adoption:										
Nam	ne of mediator	Sig	nature o	f the mediator								