## MANDAL PARISHAD -....

## **EGGS Received Certificate** Certificate to be issued by the HM for the Month of \_\_\_\_\_ Eggs **Total No. of Month** No. of **Month Total** No of Eggs provided Name of the S.No. Total working days **Opening Total Eggs** Closing **Eggs Attendance** Days in Received SCHOOL Roll in the Month **Balance** Consumed **Balance** the month 1

CHIKKIES Received Certificate										
Certificate to be issued by the HM for the Month of										
S.No.	Name of the SCHOOL	Month Total Roll	Month Total Attendance	No. of working days in the Month	Chikkies provided Days in the month	Opening Balance	No of Chikkies Received	Total Chikkies	Total No. of Chikkies Consumed	Closing Balance
1										

Signature of the HM with seal