

# Training Closure Report

## 1. Program Overview

**Program Title:**

Capacity Building Training for SHG Members under UPSRLM

**Training Type:**

Induction / Skill Development / Capacity Building / Livelihood Promotion / Other (specify)

**Training Date(s):**

Start Date: [DD/MM/YYYY]

End Date: [DD/MM/YYYY]

**Training Duration:**

[Total Number of Days]

**Venue:**

[Full Address of Training Venue]

**Conducted By:**

[Name of Training Partner / PIAs / Resource Organization / UPSRLM Block/Mission Staff]

**Target Group:**

e.g., SHG Members, VO Members, CRPs, BC Sakhis, Cluster Coordinators, etc.

**No. of Participants:**

- Male: [Number]
  - Female: [Number]
  - Total: [Total Number]
- 

## 2. Objectives of the Training

- Enhance financial literacy among SHG members
  - Strengthen understanding of bookkeeping practices
  - Train SHG women in specific livelihood activities
- 

## 3. Training Modules Covered

**Day Module Name Trainer/Resource Person Key Topics**

- |   |                |                |          |
|---|----------------|----------------|----------|
| 1 | [Module Title] | [Trainer Name] | [Topics] |
| 2 | [Module Title] | [Trainer Name] | [Topics] |

## 4. Trainers/Resource Persons

**Name Designation Organization Contact Info**

[Name] [Designation] [Organization] [Phone/Email]

... ..

---

## 5. Participant Feedback Summary

**Feedback Collection Method:**

Oral / Written / Feedback Forms

**Summary of Feedback:**

Criteria	Excellent	Good	Average	Poor
Content Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer Effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Usefulness of Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities/Logistics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Suggestions by Participants:**

- [Suggestion 1]
  - [Suggestion 2]
- 

**6. Key Outcomes / Learnings**

- Participants can now maintain SHG registers independently
- Improved understanding of livelihood convergence schemes
- Creation of action plans at SHG/VO level

**7. Attendance Records**

(Attach signed attendance sheets for all training days)

**8. Photographs**

(Attach at least 5 high-quality photos covering sessions, group photo, activities, etc.)

---

**9. Annexures**

- **Attendance Sheets**
  - **Feedback Forms**
  - **Training Agenda**
  - **List of Participants**
  - **Other Documents (if any)**
- 

**Prepared By:**

**Name:**

**Designation:**

**Organization:**

**Date:** [DD/MM/YYYY]

**Signature:**