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| **MODULE A: DISTRICT AND PROVINCIAL AUTHORITIES INFORMATION**  **(Should Completed By District Managers)** | | |
| **1 MASTER TRAINER LIST** | | |
| 1 | Province | Baluchistan  Punjab  Sindh |
| 2 | District | Jafferabad  Labella  Naseerabad  Muzaffergarh  Rahim Yar Khan  Badin  Sanghar  Qamber Shahdadkot |
| 3 | Taluka/Tehsil | **Name of Tehsils from selected district will appear in drop down.** |
| 4 | Details of Master Trainer **(\*\*Add all participants name one by one and record all required information who trained in 2018 cycle of AKU)** | Name of Trainer  Designation of trainer  Facility of trainer  Currently posted in same facility: Y/N  Duration of service in same facility: Months / Years  Transferred to Other Facility: Y/N  If Yes, then what |
| 5 | Details of Master Trainer **(\*\*Add all participants name one by one and record all required information who need to be train in 2020 cycle of AKU)** | Name of Trainer  Designation of trainer  Facility of trainer  Currently posted in same facility: Y/N  Duration of service in same facility: Months / Years  Transferred to Other Facility: Y/N  Duration of transferred from facility: Months / Years |
| **2 TRANSFER & POSTING DETAILS OF DISTRICT AUTHORITIES (Since January 2017 till Date)** | | |
| 1 | Details of CEO Health **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| 2 | Details of DM IRMNCH **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| 3 | Details of DM PHFMC (Punjab) **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| 4 | Details of DC LHW Program **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| 5 | Details of DC LHW Program **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| 6 | Details of DC IHS Sindh **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| 7 | Details of DM PPHI (Sindh & Baluchistan) **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  District:  From Month with Year:  To Month with Year: |
| **3 TRANSFER & POSTING DETAILS OF PROVINCIAL AUTHORITIES (Since January 2017 till Date)** | | |
| 1 | DG Health Services **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  Province:  From Month with Year:  To Month with Year: |
| 2 | Program Director MNCH / IRMNCH **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  Province:  From Month with Year:  To Month with Year: |
| 3 | Program Director EPI **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  Province:  From Month with Year:  To Month with Year: |
| 4 | Program Director Lady Health Worker Program **(\*\*Add all participants name one by one and record all required information from January 2017 till date)** | Name:  Designation:  Province:  From Month with Year:  To Month with Year: |