

**ANNEXURE – II**

**Self-defense Trainer Attendance sheet**

Name of the School						
Name of the District and Mandal						
UDISE code						
Name of the Trainer						
Session	Date	Time		Signature of the Trainer	Signature of PET	Signature of the Head Master/ Principal
		In	Out			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**ATTESTED by**  
**District Educational Officer &**  
**District Project Coordinator**