







S/NO	NAME OF LEARNERS	RESIDENTIAL ADDRESS	M/F	AGE	PHONE NUMBERS

FACILITATOR'S SIGN \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF STATE LITERACY DIRECTOR \_\_\_\_\_ SIGN/DATE \_\_\_\_\_

STATE CHAIRMAN'S COMMENT \_\_\_\_\_

STATE CHAIRMAN'S NAME \_\_\_\_\_ SIGN/DATE \_\_\_\_\_