**Profile of Master Trainer**

**(State and District Level)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name (in Capital): | | | | Affix a Photo  (size 2.5” X 2”)  (20KB) | |
| Husband/Father Name: | | | |  | |
| Gender: *Male/Female/Trans* | Contact No: | | |  | |
| Social Category: *SC/ST/OBC/Others* | Aadhaar No: | | | DOB: *DD/MM/YYYY* | |
| Marital Status: *Married/Unmarried* | Email ID: | | | Education Standard: | |
| Address: | | | |  | |
| Bank: | | | Branch: | | |
| Account No: | | | IFSC: | | |
| Level of Master Trainer: *State/District/Block* | | | State/District/Block Name: | | |
| Trainer from the category:*NRLM**Staff/ Individual/ NGO/ VO/Cadre* | | | | | |
| Primary Subject (Theme): | | | Training received\* (No of days): | | |
| **Master Trainer** | | | | | |
| Additional Subject (Theme) | | Training received\* (No of days) | Additional Subject (Theme): | | Training received\* (No of days) |
| 1 | |  | 6 | |  |
| 2 | |  | 7 | |  |
| 3 | |  | 8 | |  |
| 4 | |  | 9 | |  |
| 5 | |  | 10 | |  |

* *Training received by the Master Trainer for the respective subject/theme needs to be indicated.*

**Date: Verified By: Signature**

|  |  |
| --- | --- |
| **Primary and Additional Subjects (Theme) of Master Trainer** | |
| 1. Social Mobilization & Institution Building | 6. Gender |
| 2. Visioning & Leadership | 7. Food Nutrition Health Wash (FNHW) |
| 3. Planning & Convergence | 8. Livelihoods & Micro Enterprise |
| 4. Financial Inclusion |  |
| 5. Fund Management & Audit |  |