



TEACHER TRAINING GRANT FORM

[NOTE: The fields in these forms are subject to change based on the Project Offers available]

DETAILS OF PERSON FILLING THE FORM

(The person filling the form will be considered as the primary contact.)

Select your identity

Rotarian Inner Wheel Member Rotaractor

1. RI / IW District _____ 2. Name of Club _____

3. Name : _____ 4. Designation : _____

5. Phone Number _____ 6. E-mail id _____

7. City / Town/ Village _____ 8. State : _____ 9. PIN _____

TRAINING DETAILS

1. State :
2. Revenue District :
3. Name Of Donor :
4. Training Venue Address with Pincode :
5. Number of Teachers to be Trained (Minimum 30 teachers and maximum 35 Teachers in one batch):
6. Training Partner : (Macmillan/Learning Links Foundation/ Zeal Education Trust)
7. Duration of Training :
8. Preferred dates of Training :
9. Donation To RILM : (auto calculated depending on the selection of State/ Revenue District, number of teachers and the Training partner)
10. Upload School Survey Form (R1.1) :
11. Payment Mechanism: Cash / Cheque / DD / NEFT

Cheque / Cash / DD / NEFT Payment will be made in favour of “**RSAS A/C Literacy Mission**”, Account No.037201003120, Bank: ICICI Bank, IFSC: ICICI0000372, Branch : 95,Sarat Bose Road, Kolkata – 700 026).

12. Payment Details:

In case of Cheque / DD : Cheque No., Date on cheque, Bank, Branch, City, Date of Deposit.

NEFT : Transaction ID, Date and Bank.

13. Please upload scanned copy of payment proof.

I have understood the terms and conditions of the agreement with _____ (name of Donor).



Teacher Support

Form No TT 1.1



SUBMIT