

**CBT-Training (CODE-2109)**

**Name of the Training:**

**Date of the Training:**

**Place of the Training:**

Sl. No.	Name of the farmers	DOB	Gender	Category	Aadhar No.	Mobil e No.	IFSC Code	Bank A/C No.	Home Address	Sanction Amount in Rs.	Fund Transfer (APB/NEFT/CASH)	Transaction Date (dd-mm-yyyy)	Aadhar Seeded Transaction	Cash (Rs.)	Kind (Rs.)	Total (Rs.)
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**In charge of Unit**