Final Report- TEDP Training Program

| Name of Training Program <br> Conducted | Technology Entrepreneurship development <br> Program (TEDP) |  |  |
| :--- | :--- | :--- | :--- |
|  <br> Institution with complete Address <br> including Mobile numbers |  |  |  |
| Name of Training Program, partners <br> if any |  |  |  |
| Financial Details <br> Total cost of the Training Program |  |  |  |
| Support provided by DST | Sanction Order No. | Sanction Order Bate <br> with Amount |  |


| $\mathbf{1}$ | Number of the Training Programs conducted |  |
| :--- | :--- | :--- |
| $\mathbf{2}$ | Date, Duration \& location of each Training <br> Program |  |
| $\mathbf{3}$ | No. of Trainees <br> (Please attach the list of the trainees which <br> includes name, age, institution, state \& mobile <br> number) as per the format attached. <br> List of resource person / expert engaged with <br> Training Program with complete contact <br> details including mobile number |  |
| $\mathbf{4}$ | Focus areas of Training Program |  |
| $\mathbf{5}$ | Attach the details of training organized <br> including activity schedule and Broad <br> Structure/ content of Training Program |  |
| $\mathbf{7}$ | Key performance indicator (to be tracked with <br> 1st 2 2nd Year. |  |
| A | No. of units started up to 2 years <br> (under Startups / MSME / Livelihood) <br> No. of self employment started up to 2 years <br> (under Startup / MSME/ Livelihood) |  |
| B | No. of employment generation up to 2 years <br> (under Startups / MSME / Livelihood) |  |
| C |  |  |
| D | Any revenue generation or capital raised |  |
| E | Percentage of unit of self employment started/no. <br> of total trainees participated |  |


|  | (unit + self employment / total trainees <br> participated) |  |
| :--- | :--- | :--- |
| F | Any other achievement / impact, you would <br> like to highlight as a progress of the Training <br> Program. |  |

## Progress Report- TEDP Training Program

## With Participants Demographic Analysis

| S. <br> No | Name of <br>  <br> mobile <br> Number | Date of birth <br> \& age | Male / <br> Female | Name of <br>  <br> address | Name of State <br> trainee <br> belongs |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note : Enclose Utilization Certificate and Statement of expenditure (SE) with report.

