



Venue Verification Form

Name of T&E: Address:.....

Training ID No.: Training Name:

Training Venue: District: Ga.Pa./Na.Pa:

Ward No.: Tole.....

Proposed Training Start Date: Training End Date:

Training Start Time..... Training Shift.....

T&E Contact Person..... Designation Contact No.....

Name of Main Instructor:..... Contact No.:

Name of Co-Instructor:.....;..... Contact No.

SN	Availability of basic infrastructures to start the training (Based on curricula)	Status		Remarks
		Yes	No	
1	Training hall (space/area, furniture, light, ventilation, drinking water etc.)			
2	Training materials (consumable) and tools & equipment and machine,			
3	Toilet men/women			
4	Main Instructor's testimonial with ToT			
5	Co-Instructor's testimonial with ToT			
6	Availability of Occupational Skills Standards (OSS)			
7	Other (Curricula, Manual etc)			
Other Requirements				
7.1	Fact sheet			
7.2	Banner			
7.3	First Aid			
7.4	Safety measures/materials			
7.5	Session plan, logbook, visitors book, attendance sheet etc.			
7.8	Training materials (white board, meta card, marker etc.)			

A. Is it recommended for training start up? Yes No

B. Improvement required before starting 1 2 3 4 5 6 7

C. Status after re-verification Good Not improved

D. Feedbacks/suggestions.....
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Signature

Monitoring Personnel:..... Designation.....

Date:.....

