

Bharat Vikas Parishad

REPORT FORMAT "A"

(To be submitted by the Group Leader to Branch Convener/Secretary
within 3 days of the Program.)

-----Branch -----Prant ----- Region

Guru Vandan-Chhatra Abhinandan - _____, School Report

1. Day & Date _____ Time from _____ to _____

2. Name & Address of the School where the Program was held

Phone No. _____

3. Attendance at the Program

- No. of Students present -----
- No. of Teachers present -----
- No. of Parents present -----

4. No. of Students Awarded / Honoured -----
(as per details given in Form 'B')

5. No. of Teachers Awarded / Honoured -----
(as per details given in Form 'B')

6. Name of the Principal/ Head Master _____

Details & Signature of Members attending the Program

Sr. No.	Name	Age	Position	Contact No.	Signature
1					
2					
3					
4					
5					
6					

Encl: 1. School Letter
2. Form 'B'

Bharat Vikas Parishad

REPORT FORMAT "B"

(To be submitted by the Group Leader to Branch Convener/Secretary within 3 days of the Program along with Format 'A')

-----Branch -----Prant ----- Region

Guru Vandan-Chhatra Abhinandan Program-

School Name _____ Date of visit _____

DETAILS OF THE STUDENTS FELICITATED

Sr. No.	Name & Address of Student	Date of Birth	Phone No.	Class	Awarded for what	Any other info.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Group Leader Name _____ Position _____ Signature _____

Bharat Vikas Parishad

REPORT FORMAT "C"

(To be submitted by the Branch Convener / Secretary to Prant Convener/ General Secretary along with only Form "B" by October 31st each year)

-----Branch -----Prant ----- Region

Guru Vandan-Chhatra Abhinandan Program Report

Particulars	Last Year	Current Year
Total No. of Members		
Total No. of Teachers		
Total No. of Students		

Sr. No.	Date of Visit	Name of the Schools/Colleges/ Institutions visited	Tele. Nos. of the Schools/Colleges/ Institutions visited	Attendance				
				Students	Teachers	Members	Students felicitated	Teachers felicitated
1								
2								
3								
4								
5								
6								
7								
8								
9								
		TOTAL						

Details of Teachers Meet:

Date _____ Place _____

Schools invited _____ Schools attended _____ Teachers attended _____

Encl: 1) Form "A" 2) Form "B" 3) School Letters 4) Photographs 5) others

Branch President Name _____ Signature _____ Tel: _____

Branch Secretary Name _____ Signature _____ Tel: _____

Branch Treasurer Name _____ Signature _____ Tel: _____

Branch Convener Name _____ Signature _____ Tel: _____

Bharat Vikas Parishad

REPORT FORMAT "D"

(To be submitted by the Prant Convener / General Secretary to Regional Secretary Sanskar by 15th November each year along with Format 'B' & 'C')

----- PRANT -----Region

GURU VANDAN CHHATRA ABHINANDAN, REPORT

Particulars	Last Year	Current Year
Total No. of Members		
Total No. of Teachers		
Total No. of Students		

Branch-wise Details of the Program:

Branch Sr. No.	Name of the Branch	No. of School / College / Institution	No. of Students felicitated	No. of Teachers felicitated	Attendance		
					Students	Teachers	Members
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
	TOTAL						

Date:

Prant President Name _____ Signature _____ Tel: _____

Prant Gen. Secretary Name _____ Signature _____ Tel: _____

Prant Fin. Secretary Name _____ Signature _____ Tel: _____

Prant Convener Name _____ Signature _____ Tel: _____

Bharat Vikas Parishad

Reporting Format 'E' for GVCA

Region _____

Particulars	Last Year	Current Year
Total No. of Prants in Region		
Total No. of Branches in Region		

Prant-wise Details of the Program – Year 2019-2020:

Sr. No	Name of the Prant	No. of the Branches	No. of the Branches took part	No. School	Attendance						
					Total no. of Students attended	Total no. of Teachers attended	Parents	Members	No. of Students Felicitated	No. of Teachers Honoured	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Date:

Regional Secretary's Name: _____

Signature _____

Tel: _____

Email: