



SEMINAR REPORT FORM

1. **Seminar:** Area/State/SLS/SLSD/National Seminar held at _____
2. **Date:** From to
 DD MM YY DD MM YY
3. **Numbers of Participants Qualified (Received Certificates):**
 Male + Female = Total
4. **Profession-wise breakup:** Professionals/Lay Leaders
 Clergy/Fulltime Workers
5. **Venue & Place:**
6. **District:** *(indicate if it is a new district covered by HI Sem. for first time)*
7. **State:**
8. **Language:**
9. **Organizer:**
10. **Name of the Resident Coordinator/Anchor Person:**
11. **Name of the Seminar Manager:**
12. **Name(s) of Fulltime HI Staff or H.I. Coordinators (hon.) present in the seminar:**

13. Faculty & Subjects:

| Sl. | Subject | Name of Faculty in full | Nos. of sessions taught | Rem. * |
|-----|---------------|-------------------------|-------------------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
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| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| | Total= | Total= | Total= | |

*If any faculty is teaching for the first time should be indicated in the Remarks column.

14. **Registration Fee collected Per Participant:** Rs:
15. **Total Cost of the Seminar (Approximate):** Rs.
16. **Outstanding Comments made by 3(three) Participants in respect of the impact of the Seminar (Comments & their Names & Profession):** NB: A separate sheet be enclosed.

17. **Check List:** Send the Seminar Report to HI-Hyderabad along with the following-

| SI | Particulars | Status | Remarks |
|----|--|---------|---------|
| 1 | Duly Filled-up Seminar Report Form (S-SR/Form 9) | Yes/ No | |
| 2 | Duly Filled-up Seminar Rg. Forms# (S-RF/Form 2) | Yes/ No | |
| 3 | Subject-wise Faculty Evaluation forms # (S-FE/Form4) | Yes/ No | |
| 4 | Seminar Group Picture, if any | Yes/ No | |
| 5 | Final Day Feedback Forms (S-PFD/Form6) | Yes/ No | |
| 6 | Excess HI Certificates/materials | Yes/ No | |
| 7 | Duly Filled-up Financial Goal Cards, if any | Yes/ No | |
| 8 | Duly Filled-up Quality Assessment Form (Only for SS/NS and SLS) [S-QAF/ Form 10] | Yes/ No | |

#Note:

1. Pl. send only the Rg. Forms (Sl.2) of qualified participants.i.e.; those who have received certificates on completion of the seminar. In other words, pl. remove the Rg.forms of participants who could not complete the seminar or the ones who were not awarded certificates.

2. There should be no discrepancies in the total number of Faculty evaluation Forms (Sl.3) sent to Hyderabad in respect of a faculty with the total number of participants reported in the seminar report.

Signature & date:

Name & Address with email & tel nos. of the Person submitting the Report

SEND:

Now, Send the Seminar Report along with the materials indicated in sl. no.16 & 17 within 7 days from the seminar by **Speed Post** or **DTDC** Courier only to the following address. An advance copy by email will be highly appreciated:

Haggai Institute
Plot # 47,48 & 49 Raja Reddy Nagar
Dammaiguda (V), Nagaram P.O.
Hyderabad-500 083
Andhra Pradesh
Tel: 040-27131209/32928823
Tele-Fax: 040-27141221
Email: hiindia@haggai-india.com