



QBS HOME FOR AMAZING KIDS
Small Schools Club Project
(Free of Cost) Continuous Professional
Development of Educationists

Date: _____

Name of School: _____

Address: _____

Phone No: _____

Email: _____

Website: _____

Contact Person: _____

Topic of Training: _____

Day / Date: _____

Duration: _____

Timing: _____

Virtual Cost: _____

Details of Expense

Teacher Training Cost: _____

Venue Cost: _____

Refreshment Cost: _____

Documents Cost: _____

(Handouts, Worksheets, Certificates, Stationary)

Transport Cost: _____

Total: _____

Trainees: _____

Signed:

Trainers: _____

Signed:

Principal (Beneficiary School)

Signed: _____

QBS HOME MAKER

Signed: _____