**ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSORE-6**

STAFF ENRICHMENT PROGRAMME

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**Monthly Report for the Month of ………..**

1. **Presentations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. N.** | **Topic** | **Name & Designation of the staff** | **Date & Time** | **No. of Attendees**  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

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Report prepared by: Checked and verified by (sd/-) Coordinator, Staff Enrichment Programme