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

STAFF ENRICHMENT PROGRAMME

**---------------------------------------------------------------------------------------------------------------------**

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

1. **Presentations**

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

---------------------------------------------------------------------------------------------------------------------

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