



### Report of OBTS (Office Bearers Training Seminar)

1. Name of Region Chairperson : Vn.....Reg.....Dist. V .....A
2. Date of the OBTS : .....Day.....
3. Place / Town : .....
4. Venue : .....
5. Chief Guest & Pilot Faculty : .....
6. VCI Certified Trainer(Co-Faculty): Vn.....
7. Seminar Started at : .....Seminar Adjourned at.....
8. No. of Clubs in Region : .....No. of Clubs Attended.....
9. Attendance in Detail :

Name of the Club	President	Gen.Secretary	Treasurer	Other Officers	Total Numbers
1. _____	Yes/No	Yes/No	Yes/No		
2. _____	Yes/No	Yes/No	Yes/No		
3. _____	Yes/No	Yes/No	Yes/No		
4. _____	Yes/No	Yes/No	Yes/No		
5. _____	Yes/No	Yes/No	Yes/No		
6. _____	Yes/No	Yes/No	Yes/No		
7. _____	Yes/No	Yes/No	Yes/No		
8. _____	Yes/No	Yes/No	Yes/No		
9. _____	Yes/No	Yes/No	Yes/No		
10. _____	Yes/No	Yes/No	Yes/No		
11. _____	Yes/No	Yes/No	Yes/No		
12. _____	Yes/No	Yes/No	Yes/No		
13. _____	Yes/No	Yes/No	Yes/No		
14. _____	Yes/No	Yes/No	Yes/No		
15. _____	Yes/No	Yes/No	Yes/No		

11. Details Collected:

Club Name	Form 1010	Form1006/ 1006A	Membership Previous / Current Year / Year	A.A.F.	Sri Vasavi News	Other Amounts Paid
a). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
b). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
c). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
d). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
e). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
f). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
g). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
h). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
i). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
j). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
k). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
l). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
m). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
n). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		
o). V.C._____	Yes/No	Yes/No	<input type="text"/> / <input type="text"/>	Rs.		

**Chief Guest & Pilot Faculty Comments**


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*Signature of Chief Guest*

*Signature of Governor*

*Signature of Region Chairperson*

- Note :** a) After filling up send Copy to International Secretariat and Governor.  
b) Please enclose the Circular and Invitation Card alongwith this Report and send within 7 days from the date of Seminar.