**CLUSTER KICK OFF SIGN-OFF SHEET**

**Date of Signing: DD/MM/YYYY**

**NAME OF CLUSTER: --------------- PERIOD: ------------------**

**Counselor Name: ------------------------ Cluster CEO Name: ---------------- Company Name: ----------------**

|  |  |  |
| --- | --- | --- |
| S No. | Particulars | Pl tick √ |
| 1 | Counselor’s visits information (numbers and frequency) discussed and understood by CEO |  |
| 2 | Payment information discussed & understood – 100% of cluster fee payment is to be made within 30 days, after 1st visit of counsellor |  |
| 3 | Minimum 5 members cluster team nominated |  |
| 4 | CEO’s & Coordinator’s roles & responsibilities discussed and understood by the team |  |
| 5 | Non -performance clause explained and understood |  |
| 6 | Address to be printed on Invoice – correctly mentioned in the reply form  |  |
| 7 | GST Number mentioned in reply form – correct for address given in above clause |  |
| 8 | Name of the finance person to be contacted for invoice & payment related issues -Name: Designation:Mobile No:E-mail:Office Address: |  |

CEO’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_