819. PKCC WEEKLY REPORT							
Name of the District:							
Sr. No.	**Date on which the camp was organised**	**Place where the camp was organised**	**No. of PKCC Applications sponsored in the Camp**	**No. of PKCC Applications sanctioned**	**No. of PKCC Applications disbursed in the camp from the previous pending applications**	**No. of Health Certificates issued by the Department during the camp**	**Relevant Points discussed with the bankers regarding issuance of PKCC during the weekly camps**