

Devolution Trust for Community Empowerment

H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240
contact@dtce.org.pk

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MONITORING COMMITTEES QUARTERLY REPORT

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

Basic Information					
1	Reporting Level (Tick one)	District <input type="checkbox"/>	Tehsil <input type="checkbox"/>	Union <input type="checkbox"/>	
2	Reporting Period (day/month/year)	Start Date	End Date		
3	Name of District				
4	Name of Tehsil/Town/Taluka (if applicable)				
5	Name of Union (if applicable)				
6	Monitoring Committee Name	Number of Field Visits	Number of Issues Indicated	Number of Issues Resolved	Number of Issues Pending
a	Works & Services				
b	Finance				
c	Education				
d	Water (Drinking & Irrigation)				
e	Public Safety				
f	Sanitation/Sewage				
g	Health				
h	Literacy				
i	Other				
j	Other				
TOTALS					

Filled By	Name :
	Designation:
	Organization:
	Signature:
	Date(Day/Month/Year):