

<p><b>Devolution Trust for Community Empowerment</b></p> <p>H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240          contact@dtce.org.pk</p>	<p>Document no: DTCE-IME-TWQR-1</p> <p>Effective Date:</p> <p>Revision no: 0.1</p> <p>Revision Date: 18-09-2007</p>
<p><b>TEHSIL WORKPLAN QUARTERLY REPORT</b></p>	

*This form is used to monitor and note down the activities undertaken as in the Work plan formed by the Tehsil Council in agreement with DTCE. It should be filled by Tehsil Council's designated officer and should be sent to DTCE every 3 months after signing of DTCE-Tehsil MoU.*

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

(A) Tehsil Basic Information	
<b>District</b>	<b>Tehsil</b>
<b>Quarterly Reporting Period: Start Date</b> (day/month/year)	<b>End Date</b> (day/month/year)

(B) Activities Undertaken by the Tehsil in the Last Quarter						
S#	Activity as mentioned in the Tehsil Work Plan	Deliverable	Indicator	Amount	Responsibility/Payee	Activity Status
1						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
2						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
3						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
4						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
5						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed

S#	Activity as mentioned in the Tehsil Work Plan	Deliverable	Indicator	Amount	Responsibility/Payee	Activity Status
6						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
7						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
8						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
9						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
10						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
11						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
12						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed

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