

<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-VNCQR-1</p> <p>Effective Date:</p> <p>Revision no: 0.1</p> <p>Revision Date: 06-03-2007</p>
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## VNC QUARTERLY REPORT

*This form is used to monitor and note down the activities undertaken as in the Work plan formed by the Village and Neighbourhood Council. It should be filled by IME-CSO's staff in the Village and should be sent to DTCE every 3 months after signing of DTCE-VNC MoU.*

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

### (A) VNC Basic Information

<b>District</b>	<b>Tehsil</b>
<b>Union</b>	<b>Village</b>
<b>Quarterly Reporting Period: Start Date (day/month/year)</b>	
<b>End Date (day/month/year)</b>	

### (B) Activities Undertaken by the VNC in the Last Quarter

S#	Activity as mentioned in the VNC work plan	Start Date	End Date	Expenditure Incurred	Local Share	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 VNC work plan	Start Date	End Date	Expenditure Incurred	Local Share	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):