Devolution Trust for Community Empowerment

CCBNQR-1

## House # 4, Main Nazimuddin Road, F-8/1, Islamabad - 111-333-823 | www.dtce.org.pk

## **CCB NETWORK QUARTERLY MONITORING REPORT**

This form is used to monitor and note down the activities undertaken as in the Work plan formed by the CCB Network. 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-CCBN MoU.

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

		(A) CCBN Ba	isic Informa	ition				
District			Tehsil/Town/Taluka (if applicable)					
Quarterly Reporting Period: Start Date (day/month/year)			End Date (day/month/year)					
(B) Activities Undertaken by the CCBN in the Last Quarter								
S#	Activity as mentioned in the CCBN work plan	Start Date	End Date	Expenditure Incurred	Local Share	Activity Status		
						o Not Started		
1						o In Execution		
						o Completed		
						o Not Started		
2						o In Execution		
						o Completed		
						o Not Started		
3						o In Execution		
						o Completed		
						o Not Started		
4						o In Execution		
						o Completed		
						o Not Started		
5						o In Execution		
						o Completed		
6						o Not Started		
						o In Execution		
						o Completed		

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S#	Activity as mentioned in the CCBN work plan	Start Date	End Date	Expenditure Incurred	Local Share	Activity Status
7						o Not Started
						o In Execution
						o Completed
8						o Not Started
						o In Execution
						o Completed
9						o Not Started
						o In Execution
						o Completed
10						o Not Started
						o In Execution
						o Completed
						o Not Started
11						o In Execution
						o Completed
12						o Not Started
						o In Execution
						o Completed

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