

ONE WINDOW OPERATION MONTHLY REPORT

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

Reporting Period (day/month/year)	Start Date	End Date
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District

Activities Performed During the Reporting Period

S #	Detailed Activity Description (Preparation of proposal, Cost Estimation etc.)	Activity Start Date	Activity End Date (if applicable)	Total Duration of Activity Performed	Names of Responsible OWO Staff Member(s)	Remarks

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