IDPFMG Annex 15

National University

College Education Development Project

Institutional Development Plan Subproject

**Quarterly Progress Report**

**1. Reporting Quarter**………………………………………………………………………….......………..

2. a) Name of College: ...........................................................................................................................

 b) IDP Sub-project Title......................................................................................................................

 d) Duration of Sub-project…………………………………............…………………..........………

 e) Date of Commencement of Sub-project………………………….........................…...........…….

**3. Quarterly Financial Progress:**  **(in Lakh Taka)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head | Fund Received for the Quarter | Expenditure for the Quarter | Current Year’s Expenditure | CD-VAT |
| Taka | Taka | Taka |  |
| Revenue |  |  |  |  |
| Capital |  |  |  |
| Grand Total |  |  |  |  |

**4. Quarterly Activity-wise Progress: ( in Lakh Taka)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Name of the Activity | Unit | Cumulative Progress at the Beginning of Quarter | Target in current quarter | Progress in Current Quarter | Cumulative Progress at the End of Quarter  | Remarks |
| Physical | Financial | Physical | Financial | Physical | Financial | Physical | Financial |
| Qtty | % | Qtty | % | Qtty | % | Qtty | % |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Column 2 can be extended to include all activities/components

**5. Implementation Problems and Suggested Measures**

|  |  |  |
| --- | --- | --- |
| **Problem****Number** | **Type of problem** | **Description of Problem (s)** |
| 1. | Appointment/Hiring of Provisional Staff |  |
| 2. | Establishment of IDP Management Office |  |
| 3. | Training |  |
| 4. | Procurement |  |
| 5. | Management |  |
| 6. | Fund Allocation/Release |  |
| 7. | Others (specify) |  |

**6. Suggested Measures for Improvement: (In brief and specific)**

|  |  |
| --- | --- |
| **Problem** **Number** | **Measures Suggested** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| None |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Officer Principal

Signature\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date-----------------------------

 (SEAL) (SEAL)