

# Monthly Progress Summary

## Planning and Monitoring Unit



DME- 23

District : .....

Divisional Secretariat .....

201.....Month.....

Name of the officer:.....

Programe/Activity Name	Annual Target	Monthly Target (A)	No of Programe conducted (B)	programe date	Place	No of Beneficiaries	Expenditure (Rs.)	Job Placement/ Training Referral	Reasons for difference (A-B)	whether, supporting documents Submitted (Yes/No)

I certify above details are true and correct to the my knowledge.

CGO/HRDA/DO Signature .....

Date:.....

Approved /Not Approved

.....  
District/Divisional Secretary Signature