

Annex ۲

Progress Report Forms for Project # ۲
Establishment of Sustainable Quality Assurance Centers

Form ١: Progress Report for Activities of the Previous Period

Project Code:

Period Number:

From

To

Please provide supporting documents (e.g. minutes of meetings) and deliverables.

Activities/ Deliverables Code	Activities/ Deliverables Description	Status*	Planned Date	Actual Date	Delay Time	Remarks
I	Center infrastructure					
II	Center organizational structure					
III	Strategic plan of the center					
IV	Center executive by-laws					
V	Awareness campaign program					
VI	Faculties visits					
VII	Communication system between the center and the faculties					
VIII	Monitoring system for the QA projects					
IX	TOT workshops/seminars					
X	Progress report on QA projects					
XI	Center manual					
XII	Sustainability plan					

Project Manager Name:

Signature:

Date:

* **Status:** C: Completed; I: In Progress; D: Delayed activities

Form ۲: Major Problems Faced in the Previous Period

Project Code:

Period Number:

From

To

Delayed Activities/ Deliverables	Causes of the Problems	Impact on the Project	Required Corrective Actions

Project Manager Name:

Signature:

Date:

Form ٣: Staff Cost (LE) of the Previous Period

Project Code:

Period Number:

From

To

Activities/ Deliverables Code	Professor	Assistant Professor	Lecturer	Non-academic Staff	Technician	Labor	Expert (Consultant)	Total Cost (LE)
I								
II								
III								
IV								
V								
VI								
VII								
VIII								
IX								
X								
XI								
XII								
Total Cost (LE)								

Project Manager Name:

Signature:

Date:

Form 4: Equipment Cost (LE) of the Previous Period

Project Code:

Period Number:

From

To

Equipment Name*						Total (LE)
Unit Cost						
Number of Units						
Total Cost (LE)						

Project Manager Name:

Signature:

Date:

* Please mention the name of the equipment

Form 9: Implementation Cost (LE) of the Previous Period

Project Code:

Period Number:

From

To

Activities/ Deliverables Code	Printing	Software	Sub- contracting	Use of Infra Structure (Tel., Fax)	Conference/ Workshop	Travel	Others*	Total Cost (LE)
I								
II								
III								
IV								
V								
VI								
VII								
VIII								
IX								
X								
XI								
XII								
Total Cost (LE)								

Project Manager Name:

Signature:

Date:

* Please specify such others

Form ٧: Financial Report of the Previous Period

Project Code:

Period Number:

From

To

	Staff Cost (LE)	Equipment Cost (LE)	Implementation Cost (LE)	Total Cost (LE)
Total Cost (LE)				

Remaining balance from the previous period:

Project Manager

Name:

Signature:

Date:

UPMU Accountant

Name:

Signature:

Date:

Form T^v: Summary of Project Progress for the Previous Quarter

- Project code:

- Quarter Number

From:

To:

Please provide a summary of project progress indicating the key successes of the project during this period.

Project Manager Name:

Signature:

Date: