## COMPLETION REPORT OF PROJECT/PROGRAMME/WORKSHOP/EVENT/..... - 20.....

| 1.                   | Title of the Programme/Event:      |                               |                   |                                       |  |
|----------------------|------------------------------------|-------------------------------|-------------------|---------------------------------------|--|
| 2.                   | Name of the Programme/Project:     |                               |                   |                                       |  |
| 3.                   | Name of the Coordinator/in-charge: |                               |                   |                                       |  |
| 4.                   | Venue/Place:                       |                               |                   |                                       |  |
|                      |                                    |                               |                   |                                       |  |
|                      |                                    | Date: from                    |                   |                                       |  |
|                      | <b>Time:</b> from to               |                               |                   |                                       |  |
| 7.                   |                                    | Objective(s):                 |                   |                                       |  |
|                      |                                    |                               |                   |                                       |  |
| _                    |                                    |                               |                   |                                       |  |
| 8.                   | Nos. of Participo                  |                               | . Students        |                                       |  |
|                      |                                    |                               | . Academic Staff  |                                       |  |
|                      |                                    |                               | . Resource Person |                                       |  |
|                      |                                    |                               |                   |                                       |  |
|                      |                                    | V.                            | . Invitees        | ·                                     |  |
|                      |                                    | vi                            | . Other           | · · · · · · · · · · · · · · · · · · · |  |
|                      |                                    |                               | Total             | ·                                     |  |
| 9                    | . Budget and Source of Funds       |                               |                   |                                       |  |
| ••                   | _                                  |                               |                   |                                       |  |
|                      | i) Estimated Budget:               |                               |                   |                                       |  |
| ii) Source of Funds: |                                    |                               |                   |                                       |  |
|                      | iii) Expenditure: (Details)        |                               |                   |                                       |  |
| a                    |                                    |                               |                   |                                       |  |
| b                    |                                    |                               |                   |                                       |  |
|                      |                                    |                               |                   |                                       |  |
|                      |                                    |                               |                   |                                       |  |
|                      |                                    | Total                         |                   |                                       |  |
|                      | iv) Balance (Exc                   | v) Balance (Excess/Shortage): |                   |                                       |  |
|                      | v) Details of Balance Settlement:  |                               |                   |                                       |  |
|                      |                                    |                               |                   |                                       |  |
|                      |                                    |                               |                   | (Amount Date and Receipt no           |  |

## 10. Assessment & Recommendation(s) i) Assessment ii) Recommendation(s) ...... ...... ..... ..... Signature of Coordinator/ Date In-charge/etc. Comments of the Head of the Department: .....

Signature of Head

Department of Economics & Statistics