

SOCIETY OF ST. VINCENT DE PAUL

NATIONAL COUNCIL OF INDIA

PROJECT COMPLETION REPORT

1. Name of the Central Council :
2. Name and place of conference :
3. Name and Address of overseas twin :

4. Name of Foreign Country :
5. Project No. :
6. Date of receipt of project grant :
7. Grant received from foreign twin : Rs.
8. Local collection by the conference : Rs.
9. Total amount of the project : Rs.
10. Date of implementation of project :
11. Item-wise expenditure of project :

Sl. No.	Item	Amount Rs.
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N.B. Type the form neatly and include photographs.

12.

List of Beneficiaries

Sl No.	Name	Address
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13.

A Brief Report on Project implementation

14.

Description of Photographs

I

II

III

Certificate

The Project has been completed in all respects as per the statement in the project application.

*The local contribution is Rs. _____ (Rs. _____
_____ only) and the supporting photographs are enclosed herewith.*

Name and Signature of A. C. President

Name and Signature of Conference President

Date

Date

Place

Place

Certificate

Certified that the Project has been implemented as per the statement given in the application.

Date

Name and Signature of C.C. President

Place

National Council of India

I am glad to forward the completion report to project sanctioned to _____

The Project has been implemented successfully and the beneficiaries are thankful to the twinned conference.

Date

Project Officer

Place

National Council of India