

SARASWATH LEARNING FOUNDATION

Improve Existing School Project Report

SCHOOL NAME			
SCHOOL [Govt/Aided/Pvt]		YEAR ESTABLISHED	
REPORTING PERSON		ADDRESS	
PHONE			
EMAIL			
START DATE		ESTIMATED FINISH DATE	
PROJECT TITLE			
SUMMARY OF THE PROJECT PROGRESS REPORT			Use additional pages or attach documents as necessary
STEPS COMPLETED			Detail the steps executed
STATUS OF THE OUTCOME			
BENEFITS OF THE PROJECT SO FAR			
TEAM AND RESOURCES UTILIZED SO FAR			
BUDGET UTILIZED			
PROJECT COMPLETED [YES/NO]			IF NO, Project completion date
SLF OFFICE USE ONLY			
SLF ID Number:		Received on	
Remarks			