

INTERIM MONITORING REPORT FOR CORPORATE

FOR THE PERIOD: FROM

TO:.....

1.0 IDENTITY OF INSTITUTIONS

Name of Entity	
Accreditation Number	
Contact person:	
Telephone/ Mobile Number:	
Email Address	

2.0 CSR VALUE

Financial period (mm/yy)	From..... To
CSR Value:	

3.0 MANAGEMENT

3.1 Please specify the number of paid officers employed by the entity?

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4.0 DETAIL OF CSR PROJECT FUNDED *(attach additional sheet)*

Name of Project(s) and sub-Prog. Code	Implementing Agents <i>Agent carrying out the programme (self/ NGO/ Corporate Partner)</i>	Target Group <i>(e.g. children, unemplo yed, elderly)</i>	Beneficiaries <i>(list of beneficiaries to be attached - segregate between Adult (male /Female) & children)</i>		Location/ region - where project is carried out	Project Outcome ¹ <i>(describe the impact of the project on the target group / the community)</i>	Output ² <i>(Specify the deliverables of the project/ programme)</i>	Key Performance Indicator ³ <i>(Describe how you would measure the results of the project/ programme)</i>	Budgeted Project Cost (Rs)	Actual Amount Disbursed (Rs.)	% of Work Completed	Expected Completion Date
			Number Targeted	Confirm if in Pockets of Poverty Yes/No/ /Partly								
1. List of Corporate Programme												
2. Approved Programme under NEF/ Collaboration between private, public and civil society												
3. List of Approved NGOs Proposed to Finance (including SPVs)												
Total Project Costs (Rs.)												
Administrative Cost (Rs.) for the period <i>(attach details of actual expenditure)</i>												
Total Amount spend for the specific period (Rs.)												

¹ What will be the intended impact of the project on the beneficiaries

² What will be the end results of the project that will be implemented based on the resources and time frame that will be allocated

³ How will you define/measure the success of the project

4.1 Please specify if there has been any change in the projects financed under CSR money as compared to the file approved by the CSR Committee? If, yes, provide details.

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5.0 GENERAL REMARKS

5.1 Please specify the constraints that you have encountered during the implementation and monitoring of the actions/project(s)?

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6.0 DECLARATION OF APPLICANT

I certify that all information provided in this Monitoring Report Form is true and correct. Moreover, I confirm that I read and complied to the contents of the Guidelines on CSR.

Name of Reporting Officer:	
Signature:	
Date:	
