

**GOVERNMENT OF MIZORAM
PLANNING & PROGRAMME IMPLEMENTATION DEPARTMENT**

Planning Department Building
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Email: mizoplan@gmail.com

Dated Aizawl, the 10th Jan, 2025

CIRCULAR

No.G.12011/5/2023-PLG(RDB): All Implementing Departments/ Agencies of projects implemented under the schemes of Ministry of DoNER {PM-DEVINE, NESIDS (OTRI), NESIDS (Roads), NEC} are henceforth requested to provide the total physical achievement and total expenditure incurred in percentage in Quarterly Progress Report as per the format enclosed herewith.

**Sd/- LALMALSAWMA PACHUAU
Secretary to the Government of Mizoram**

**Memo No.G.12011/5/2023-PLG(RDB):
2025**

Dated Aizawl, the 10th Jan,

Copy to: –

1. PS to Hon'ble Chief Minister
2. All Administrative Head of Departments, Government of Mizoram
3. All Heads of Departments, Government of Mizoram


(Dr. LALRINCHHANA)

Principal Adviser-cum-Additional Secretary

12/1/25

QUARTERLY PROGRESS REPORT FOR QUARTER ENDING _____ 202__

NAME OF THE DEPARTMENT / IA : _____

A. IDENTIFICATION PARTICULARS:

1. Name of the Project : _____
2. Location : _____
State : _____
District : _____
3. Approved Cost (Rs in lakh) :
4. Date of Approval of the Project / Scheme :
5. Tendered Cost (Rs in lakh) :
6. Revised Cost (If any) :
7. Revised Tendered Cost (If any) :
8. Date of Award of the Contract :
9. Mode of Contract (Turnkey / EPC etc) :
10. *Whether the work is being executed based on PERT / CPM* :
11. Original Date of Completion of Project /Scheme :
12. Revised Date of Completion :
13. Executing Agency {State Government / PSU / Other Agency} :
14. Total Amount of Fund Released by the Government of India :

B. OVERALL PROGRESS :

Sl. No	Items of Work	Physical Progress (%)			Total Expenditure Incurred (Rs in lakh)
		Beginning of the Quarter	During the Quarter	End of the Quarter	
1					
2					
3					
	TOTAL PROGRESS REPORT				

C. SIGNATURE OF CONCERNED OFFICIALS:

Signature of Head of Department	
Name:	
Designation:	
Date:	
Place:	
Official Seal	

Signature of Commissioner / Secretary of concerned Department	
Name:	
Designation:	
Date:	
Place:	
Official Seal	

Signature of Commissioner / Secretary Planning & Programme Implementation Department	
Name:	
Designation:	
Date:	
Place:	
Official Seal	