DISTRICT-WISE REPORT

Name of the District/State: _____

District Coordinator: _____

Reporting Period: _____

Reporting Date: _____

State												
No. of Mandals Covered												
Names of Mandals Covered												
No. of Villages/Wards Covered												
Ongoing Projects / Initiatives												
Project Reach	Men	Women	Youth	Chil	SC	ST	DNT	FMR	LABR	WP	HP	OTR
Major Activities Conducted												
Outputs (Quantitative Achievements)												
Outcome (Changes Observed)												
Challenges Faced												
Success Stories / Best Practices												
Government Departments / Partners Engaged												
Community Institutions Strengthened (SHGs, FPOs, VVCs, CBOs, etc.)												
Upcoming Activities (Next Reporting Period)												
Remarks:												