**PROJECT IMPLEMENTATION PLAN**

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| --- | --- |
| 1. State / UT: |  |
| 1. Name of the Project: |  |
| 1. Project Head:- | |
| Name: |  |
| Designation: |  |
| Department / Attached Office: |  |
| Mobile No.: |  |
| Email ID: |  |
| 1. Project Coordinator(s):- (Add if necessary) | |
| Name: |  |
| Designation: |  |
| Department / Attached Office: |  |
| Mobile No.: |  |
| Email ID: |  |
| 1. Details of Project Implementation Phases: (Add if necessary) | |
| * 1. Milestone 1: Detailed Project Report  Date: |  |
| * 1. Milestone 2: System Requirement Specification / Request for Proposal (as applicable)  Date: |  |
| * 1. Milestone 3:   Date: |  |
| * 1. Milestone 4:   Date: |  |