**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 ReportDate:
 |  |
| * 1. Milestone 2: System Requirement Specification / Request for Proposal (as applicable)Date:
 |  |
| * 1. Milestone 3:

Date: |  |
| * 1. Milestone 4:

Date: |  |