



Benazir Bhutto Shaheed

Youth Development Program



INCEPTION REPORT

(to be filled in by PMU)

Concept:

This report should focus on the training venues, duration commencement and completion date. The department will summarize venue wise approved training programs showing date of approval.

Project Title: _____ Reporting Period: _____

Prepared by (Designation): _____ Date of Submission: _____

Detail of Project Activities:

Sr. #	Name of Training	Duration of course	Name of Institute	Institute ID	Prescribed Qualification for Trainees	Date of Start	Trainees		Trainers Available	Trainers Required	Remarks
							Selected	Joined			
1	2	2	3	4	5	6	7	8	9	10	11
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

(please attach a separate list in case of exceeding nos)

Details of Trainees Joined:

Sr. #	Registration No.	Name of Trainee	CNIC	Name of Institute	Course Joined
1	2	3	4	5	6
1.					
2.					

(provide list as per above proforma)