



Benazir Bhutto Shaheed

Youth Development Program

PROGRAM STATUS REPORT

(to be filled in by Department)



Name of Department: _____

Date of submission: _____

Facility Wise Information of Training Institutes

S.No	Name & Address of Institution	Trades Imparted	No of Tutors	Status of Tutors (hired/under selection process)	No. of Trainees	Status of Trainees (Selected/ Under process)	Training Manual Status	Training Facilities/ Equipments
1	2	3	4	5	6	7	8	9

lists of Trainees.

S.No	Name of Trainee	Father's Name	CNIC #	Address	Domicile	Contact No	Name of Institute where placed
1	2	3	4	5	6	7	8

Lists of Tutors.

S.No	Name of Tutor	Father's Name	CNIC #	Address	Domicile	Contact No	Name of Institute where placed
1	2	3	4	5	6	7	8

Signature of Project Director - PMU