Monthly Progress Report of Setting Up of Microbiological Laboratory

(To be submitted by 7th of every month)

For the Month of_____

Name of the SFTL					
Contact Person	(Name, Designation, Contact No. & E-mail)				
Status of Grants	Received	Spent	Balance	Status of UC (Submitted/Pending)	
Status of Infrastructure work (If not completed kindly mention the status and the timeline by which it will be completed Status of procurement of					
Equipment for Microbiological Laboratory No. of Microbiologist(s) working					
Timeline by which laboratory will become functional					
If microbiology laboratory is functional, then the number of samples analyzed during the month to be mentioned					
Signature with stamp		Name	of Signatory		
Place		Date	Date		