**Annex-07**

**Project Completion Report (PCR)**

***(Submission: Draft report- two copies, 30 days before project end. Final report -5 hard and one soft copy, within 60 days of project end)***

**A. Project Description**

1. Title of the project: ………….

2. Name of the Research entity: …….

3. Name and full address with phone, cell and E-mail of PIs/Co-PIs:

4. Project Budget:

4.1. Total (In TK.) as per original (approved):

4.2. Total (In TK.) as per latest revised:

5. Duration of the project:

|  |  |  |
| --- | --- | --- |
|  | Date of commence: dd/mm/yyyy | Date of Completion: dd/mm/yyyy |
| Original Project as approved |  |  |
| Latest Revised |  |  |

6. Justification of undertaking the project:

7. Objective of the project:

8. Methodology followed in conducting research/investigation:

9. Results and Discussion:

10. Research Highlight (Bullet point – max 10 Nos.):

11. Major Attainment (in relation to set objectives):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Major technical activities performed in respect of the set objectives** | **Output(i.e. product obtained, visible, measurable)** | **Outcome(short term effect of the research)** | **Impact(long term effect of the research)** | **Remarks (reason, if anything otherwise plus any other)** |
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**B. Implementation Position**

**01. Information on project management team:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Names of project staff** | **Position in the Organization** | **Position in the subproject** | **Full/ part time** | **Dates of joining in the subproject** | **Dates of leaving the subproject** | **Reasons for cost over-run/ re-appropriation / under utilization** |
| Principal Investigator(PI) |  |  |  |  |  |  |
| Co-PIs |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |

**02. Procurement:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Package number** | **Description of procurements** | **Price (In Lac TK.)** | | **Completion dates** | | **Description of issues/ challenges (delays/cost over-run/management etc.)** |
| **As per the original approved** | **Actual contract** | **As per the original approved** | **Actual completion** |
|  |  |  |  |  |  |  |
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**03. Equipment & facilities:**

**03.1. List of the procurement actual procure by subproject**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of equipments | As per the original approved subproject | As per the latest revised subproject | Remarks |
| (a) Office equipments |  |  |  |
| (b) Lab & Field equipments: |  |  |  |
| (c) Other capital Items |  |  |  |

**03.2. Establishment/ Renovation facilities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of facilities | Newly established | | Upgraded/refurbished | | Remarks |
| As per the original approved project | Actual | As per the original approved project | Actual |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**03.3 Training/study tour/ seminar/workshop/conference organized:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | As per the original approved project | | Actual | | Remarks |
| Number, participant | Duration  (Days/weeks/ months) | Number, participant | Duration  (Days/weeks/ months) |
| (a) Training |  | |  | |  |
| (b) Workshop |  | |  | |  |

**C. Financial and Physical progress**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Items of expenditure/Activities | Total approved budget | Fund received | Actual expenditure | Balance/ Unspent | Physical progress (%) | Reasons for deviation |
| A. Remuneration |  |  |  |  |  |  |
| B. Field Research / Lab expenses and supplies |  |  |  |  |  |  |
| C. Operating Expenses |  |  |  |  |  |  |
| D. Maintenance |  |  |  |  |  |  |
| E. Training/Workshop/Seminar etc. |  |  |  |  |  |  |
| F. Publications and printing |  |  |  |  |  |  |
| G. Miscellaneous |  |  |  |  |  |  |
| H. Capital Expenses |  |  |  |  |  |  |

**D. Achievement of project objectives: (Tangible form)**

**01. Achievement of project objectives**

|  |  |  |  |
| --- | --- | --- | --- |
| Specific objectives of the project | Status (% achieved) | Description of achievements attained | Reason of shortfalls, if any |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**02. Milestone achievement**

|  |  |  |  |
| --- | --- | --- | --- |
| SL # | Milestones as per the original approved project | Status (% achieved) | Underachievement reasons, if any |
|  |  |  |  |
|  |  |  |  |
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**E. Materials Development/Publication made under the project:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Publication** | **Number of publication** | | **Remarks (e.g. paper title, name of journal, conference name, etc.)** |
| **Under preparation** | **Completed and published** |
| Journal publication |  |  |  |
| Technical / Developed Technology bulletin |  |  |  |
| Process development |  |  |  |
| Information development |  |  |  |
| Books/Monographs/Manual published |  |  |  |
| Booklet/leaflet/flyer etc. published |  |  |  |
| Other publication, please specify |  |  |  |

**F. Impacts of the project:**

**01. Generation of technology**

**02. Generation of new knowledge that help in developing more technology in future**

**03. Technology transferred that help enhanced energy and power sector of Bangladesh**

**G. Project Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the officials | Agencies of officials | Date of monitoring visit | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**H. Project Auditing (Cover all types of audit performed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Audit** (Independent) | **Major observations/ issues/ objections raised, if any** | **Status at the project end** | **Remarks** |
|  |  |  |  |
|  |  |  |  |
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**I. Lession Learn**

**J. Suggestion for future, if any:**

**Please attach pictures of the Project:** Instruments purchased and used; refurbished labs; research results; training, workshops, visits; facilities developed; etc. etc.

**Signature of the Principal Investigator (as applicable)**

Date ………………………….

Seal

**Counter signature of the Head of the agency/authorized representative**

Date …………………………..

Seal