

Project Name: _____

Date: _____

Description :

Coordinator :

Work place:

Duration : from-

to-

Work Days:

Objectives :

Clients :

Outcome :

Barriers :

Resources : Available:-

Required:-

Financial Estimate :

Task Management.

	Task	Level	Severity (H/M/L)	Impact to project	Responsibility	Completed date	days taken to be completed	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								

Gantt Chart			% of Completed by the date	Month: _____ & _____																																
Task	Time frame	Due		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				

Prepared by : _____ *Seal:* _____

Assigned by (name&Sign) : _____ **Assigned on:** _____

Finished on : _____ **Total days spent to complete:** _____

Expense Rs. : _____ **Returned/Submitted on:** _____

Submitted by (name&Sign) : _____

Submitted to (name&Sign) : _____