

PRADHAN MANTRI GRAM SADAK YOJANA (PMGSY)

Action Taken Reports on the observaitons of SQM

Name of State Quality Monitor:- Er.
(Who made observations)

District:-
Date of inspection:

Sr. No.	Name of Block & Name of Work	Paragraph of Report on		Parawise Action Taken	Whether Action is complete	If 'No' in col 6 specify the Date when	Remarks/Reason for delay if any
		Sr. No. of Para	Action Required				
1	2	3	4	5	6	7	8

Verified by:-

State Quality Monitor

Executive Engineer