

SQAC/DQAC FUNCTIONALITY STATUS	

District:

Reporting Month: (mm) to (mm), (yyyy)

SQAC/DQAC Functionality status, Monitoring plan and findings of client exit interview

Sno.	Name of the District	Committees formed (Yes/No)				No of meetings held in the reporting quarter				Minutes of meetings documented	Action Taken Report Prepared	Monitoring calender for assessment visits developed? (Y/N)	
		State Quality Assurance committee	State Indemnity Sub-committee	District Quality Assurance committee	District Indemnity Sub-committee	State Quality Assurance committee	State Indemnity Sub-committee	District Quality Assurance committee	District Indemnity Sub-committee	Yes/No	Yes/No	State Level	District level
1													
2													
3													

[illegible]