

### PCN REGISTRATION FORM / PROJECT HISTOGRAM

Client Project details				
Project Code Number				
Client Billing Name	ZZ			
GST Number	ZZZZZZZZZZZZZZZ			
Project Name \$ address	ZZZ - Z Z ZZ Z Z			

Project Ta	rgrt Days		
Targeted Start Date 05-12-2023			
Targeted End Date 06-12-2023			
Approved Holidays 0			

Actual Project Days			
Actual Start Date 01-01-1970			
Actual Completed Date	01-01-1970		
Holidays & Project Hold Days			

PO Date 05-12-2023	PO Number	ZZ
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DLP Applicable	No	DLP Days	DLP End Date	01-01-1970
T T		J		

## **Project Contact Details**

### **Client Details**

	Name	Designation	Organisation	Contact No.	Email ID
I	Z	Z	Z	ZZZZZZZZZZ	Z

#### **Architect/PMC Details**

Name	Designation	Organisation	Contact No.	Email ID
Z	Z	Z	ZZZZZZZZZZ	Z

**Landlord /Property Coordinators** 

Name	Designation	Organisation	Contact No.	Email ID
Z	Z	Z	ZZZZZZZZZZ	Z

### **HRE Details**

N	lame	Designation	Contact No.	Email ID	Start Date	<b>End Date</b>
	Test	Project Manager	9876543017	testi@gmail.com	05-12-2023	05-12-2023

# **All Vendor Details**

Department Heading	Vendor Company Name	Contractor's Name	Mobile	Supervisor's Name	Mobile	Start Date	End Date
Carpentry	TATA StartBucks	Manoj	1234567895	Z	ZZZZZZZZZZ	05-12- 2023	05-12- 2023

Form Filled By	SuperAdmin	HRE Office Only
Designation	Super Admin	Verified By:
Date	11-12-2023	PCN Alloted By:

Signature · Signature ·		
Signature.	Signature	Signature :