**Planning for XXXX Cluster -**

1. Name of Cluster:
2. Duration of Cluster: XXXX
3. PDCA of previous closed cluster:
4. Number of companies:

|  |  |  |  |
| --- | --- | --- | --- |
|  S No | Company name | location | Remarks |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
|  |  |  |  |

1. Mentor for Cluster:
2. Alternate mentor:
3. Proposed Counselor for cluster:

1. Alternate Counselor for cluster:

1. Planning meeting details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No | Attended by | Designation | Signature | Remarks |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Approved by Head Cluster Program: