Project Charter

Project Type	Problem Solving / Improvement							
Project Methodology	DMAIC / Quality Circle / PDSA / AM/ 6S / Others							
Project Team Type	CFT / QC / AM / 5S / Others							
Project Classification	P	Q	C	D	S	M	E	Maintenance
Business / Unit				**Function / Department / Area**				
Team Name				**Team Registration No.**				
Team Formation Year				**Project Registration No.**				
Team Facilitator				**Team Sponsor**				
Team Leader				**OE Coordinator**				
Team Members				**Project No.**				

Problem / Opportunity Statement:
Selection Justification (Losses & Major Issues)**, Background** (Past History), **Challenges, & Voice of Customer** (use annexure if needed)**:**

Project Theme (SMART Goal):					
Measurement Item		From (Baseline)		To (Target)	
Project Duration		Start Month		End Month	
Estimated Cost		ROI (if any)		Confidence Level %	
Key Tangible & Intangible Benefits Expected, Scope & Boundaries, and Assumptions (use annexure if needed)**:**					
Facilitator's Input:					
Functional/Departmental Head Inputs:					
Annexures:					
1) Activity Schedule (Mandatory) , 2) Past Performance Trends, 3) Other need based information					

	Name	**Role**	**Designation**	**Signature**	**Date**
Proposed By		Team Leader			
Checked By		Facilitator			
Approved By		HOD			
Registered By		OE Coordinator			