## MONTHLY REPORT OF HAU

FORM - C

#### \* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of Name of the Municipality / Corpora	
HAU No.	No. of reporting SCs
POSITION A	S ON 1 <sup>ST</sup> APRIL,
	2) No. of Beneficiary Population
3) No. of Eligible Couples	4) No. of Infants (under 1 year)
5) No. of Children (1 to < 5 years)	

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.2 1.3 1.4 1.5	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.3 1.4 1.5 1.6	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
1. 1.1 1.2 1.3 1.4 1.5 1.6 2. 2.1 2.2	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		-

<sup>\*</sup> Put tick mark (√) whichever is applicable.

SI. No.	Services	Perform the rep mon	orting	Cumulative performance since April		
3.	Pregnancy Outcome	M	F	M	F	
3.1	No. of births					
	a) Live births		<u>kumumum</u>			
	b) Still births					
3.2	Order of birth in 3.1 (a) (live births)					
	a) 1 <sup>st</sup>				<u>ummumm</u>	
3.3 3.4 3.4 4. 4.1 4.2 5. 5.1 5.2 5.3 6. 6.1	b) 2 <sup>nd</sup>					
	c) 3+					
3.3	New born status of birth in 3.1 (a) (live births)					
,	a) Less than 2.5 Kg.					
	b) 2.5 Kg. or more					
	c) Weight not recorded					
3.4	High risk new born					
	a) No. Attended					
3.1 3.2 3.3 3.4 4. 4.1 4.2 5. 5.1 5.2 5.3 6. 6.1	b) No. Referred					
4.	Post Natal Care					
4.1	No. of women received 3 post natal check-ups		<u>uumuum</u>		<u> </u>	
4.2	No. of Complicated cases referred					
5.	Maternal Deaths					
5.1	During Pregnancy					
5.2	During Delivery					
5.3	Within 6 weeks of delivery					
6.	RTI/STI	M	F	M	F	
6.1	Cases detected					
6.2	Cases treated					

Contd..

#### 7 mmunization & Prophylaxis:

	During the month	Cumulative since April
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

			During the month Cumulative since April								
		Under	-1 Yr.	Abov	e 1 Yr.	U	nder – 1	۲r.	A	bove 1 Y	r.
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG											
	DPT-1										
DPT	DPT-2										
	DPT-3										
	OPV-0										
OPV	OPV-1										
	OPV-2										
	OPV-3										
	Hep-1										
Hepatitis B	Hep-2										
	Нер-3										
Measles											
Fully	Having										
immunized	BCG+3										
Children	doses of										
under 1 year	OPV&DPT							8			
	+ Measles										
	Dose - 1						7				
	DPT										
than 18 months											
	OPV										
	Booster										
VITAMIN -A	Dose – 2										
()	Dose - 3										
Measles Fully immunized Children under 1 year  VITAMIN -A Children more than 18 months  VITAMIN -A  Children more than 5 yrs. Children more than 10 yrs. Children more than 16 yrs. No. of Children UNTOWARD R	Dose – 4									1	
	Dose - 5										
Children more	DT-1										
than 5 yrs.	DT - 2										-
Children more	TT-1										
than 10 yrs.	TT-2										
Children more	TT-1			i		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		アントリント・アンテンド			
than 16 yrs.	TT-2							331111333333			
No. of Children				-							
				111111111111111111111111111111111111111		,,,,,,,,,,			<i></i>		/////
1. Reported dead associated with immunization	ths th										
2. Number of ab	scesses										
3. Other Compl				-		-			-		

Sl. No.	Services		forman report month	ting	Cumulative performance since April		
8.	Vaccine preventable diseases for under - 5 years children						
	a) Diptheria	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	b) Poliomyelitis						
	i) Cases						
	ii) Deaths						
	c) Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
	d) Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
	e) Whooping Cough						<b>Y</b>
	i) Cases						
	ii) Deaths						
	f) Measles						
	i) Cases						
	ii) Deaths						
8.1	Other specified communicable diseases						
	a) Malaria						
	i) Cases						
	ii) Deaths						
	b) Tuberculosis						
	i) Cases						
	ii) Deaths						
	c) Leprosy						
	i) Cases	THE STATE OF THE S					
	ii) Deaths						
9.	ARI under 5 years (Pneumonia)						
	a)Cases						
	b)Treated with Co-trimoxazole						
	c)Deaths						
10.	Acute Diarrhoeal Diseases under 5 years						<b>"</b>
	a)Cases						
	b)Treated with ORS						
	c)Deaths						
11.	Child Deaths					//////////	
	a) under 1 week						
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

12.   Contraceptive Services   (a)   (a)   (b)   (c)   (a + b - c)	SI. No.	Services	No. of Eligible Couple aiready		mance in the	Cumulative performance
Performance   Performance			protected (as existing on	No of New	Nos. Discontinued	Since Aprilincluding
12.   Contraceptive Services			subsequent cumulative	acceptors.	taken off for crossing	
12.1 Male Sterilisation a) Conventional b) No scalpel 12.2 Female Sterilisation a) Abdominal b) Laparoscopic 12.3 Total TUD insertions 12.3.1 Cases followed up 12.3.2 Complications 12.4 No. of CC users a) No. of OP users b) No. of condom users 12.5 Total Nos protected by all methods (12.1+12.2+12.3+12.4) 12.6 No. of Eligible Couples accepted sterilization 12.6.1 Having upto 2 living children 12.6.2 Having 3 or more children 12.7 No. of CC distributed 12.7.1 No. of CC distributed 12.7.2 No. of CO distributed 12.7.3 No. of CO distributed 13. Abortions a) Spontaneous b) No. of MTPs done c) Deaths 14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11 4.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Attendance Topics No. Held Male Female 1. Group Discussion 2. Deployment of Folk Media			(a)	(b)	(c)	(a+b-c)
a) Conventional b) No scalpel  12.2 Female Sterilisation a) Abdominal b) Laparoscopic  12.3.1 Cases followed up  12.3.2 Complications  12.4 No. of CC users a) No. of OP users b) No. of condom users  12.5 Total Nos protected by all methods (12.1+12.2+12.3+12.4)  12.6 No. of Eligible Couples accepted sterilization  12.6.1 Having upto 2 living children 12.6.2 Having 3 or more children 12.7 No. of CC distributed 12.7.1 No. of OP Cycle distributed 12.7.2 No. of Condoms distributed 13. Abortions a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IFC Activities  Held Attendance Topics No. Held Male Female						
12.2   Female Sterilisation	12.1					
12.2   Female Sterilisation						
a) Abdominal   b) Laparoscopic						
b) Laparoscopic	12.2					
12.3   Total IUD insertions						
12.3.1   Cases followed up						
12.3.2   Complications	12.3	Total IUD insertions				
12.4 No. of CC users  a) No. of OP users b) No. of condom users  12.5 Total Nos protected by all methods (12.1+12.2+12.3+12.4)  12.6 No. of Eligible Couples accepted sterilization  Performance in the reporting month  12.6.1 Having upto 2 living children  12.6.2 Having 3 or more children  12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  12.7.3 No. of Condoms distributed  13. Abortions a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Attendance  Topics  No. Held  Male  Female	12.3.1	Cases followed up				
a) No. of OP users b) No. of condom users  12.5 Total Nos protected by all methods (12.1+12.2+12.3+12.4)  12.6 No. of Eligible Couples accepted sterilization  12.6.1 Having upto 2 living children 12.6.2 Having 3 or more children 12.7 No. of CC distributed 12.7.1 No. of OP Cycle distributed 12.7.2 No. of Condoms distributed 12.7.3 No. of Condoms distributed 13. Abortions a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Attendance Topics No. Held Male Female	12.3.2	Complications				
b) No. of condom users  12.5 Total Nos protected by all methods (12.1+12.2+12.3+12.4)  12.6 No. of Eligible Couples accepted sterilization  Performance in the reporting month  Performance in the performance Since April  12.6.1 Having upto 2 living children  12.6.2 Having 3 or more children  12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in SI No. 5) b) Child Deaths (as in SI. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Attendance Topics  No. Held  Male  Female	12.4	No. of CC users				
12.5 Total Nos protected by all methods (12.1+12.2+12.3+12.4)  12.6 No. of Eligible Couples accepted sterilization  Performance in the reporting month  Performance in the reporting month  12.6.1 Having upto 2 living children  12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths  a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  4.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Attendance Topics  No. Held  Male  Female		a) No. of OP users				
methods (12.1+12.2+12.3+12.4)  12.6 No. of Eligible Couples accepted sterilization  Performance in the reporting month  12.6.1 Having upto 2 living children  12.6.2 Having 3 or more children  12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths  a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Attendance Topics  No. Held  Male  Female		b) No. of condom users				
12.6 No. of Eligible Couples accepted sterilization  Performance in the reporting month  12.6.1 Having upto 2 living children  12.6.2 Having 3 or more children  12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Attendance  Topics  No. Held  Male  Female	12.5					
12.6.1 Having upto 2 living children  12.6.2 Having 3 or more children  12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media	12.6				THE PROPERTY OF THE PROPERTY OF	performance
12.6.2   Having 3 or more children	12.6.1	Having upto 2 living children				Since April
12.7 No. of CC distributed  12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media						
12.7.1 No. of OP Cycle distributed  12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths  a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics  No. Held  Male Female  1. Group Discussion 2. Deployment of Folk Media						
12.7.2 No. of Condoms distributed  13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths  a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media	12.7.1					
13. Abortions  a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media	12.7.2					
a) Spontaneous b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media	13.					
b) No. of MTPs done c) Deaths  14. Deaths a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities Held Attendance Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media						
c) Deaths  14. Deaths  a) Maternal Deaths (as in Sl No. 5)  b) Child Deaths (as in Sl. No. 11)  c) Other Death except Sl. No. 5  & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Topics  No. Held  Male  Female  1. Group Discussion  2. Deployment of Folk Media						
14. Deaths  a) Maternal Deaths (as in Sl No. 5)  b) Child Deaths (as in Sl. No. 11)  c) Other Death except Sl. No. 5  & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Topics  Topics  No. Held  Male  Female  1. Group Discussion  2. Deployment of Folk Media						
a) Maternal Deaths (as in Sl No. 5) b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Topics  Held  Attendance  Topics  No. Held  Male  Female  1. Group Discussion  2. Deployment of Folk Media	14					
b) Child Deaths (as in Sl. No. 11) c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held Topics  No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media	17.					
c) Other Death except Sl. No. 5 & 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Topics  No. Held  Attendance  Topics  No. Held  Male  Female  2. Deployment of Folk Media	1					
8 11  14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Topics  No. Held  Male  Female  1. Group Discussion  2. Deployment of Folk Media	1					
14.1 Total Death = 14 (a + b + c)  15. IEC Activities  Held  Topics  No. Held  Male  Female  1. Group Discussion  2. Deployment of Folk Media						
15. IEC Activities Held Attendance Topics No. Held Male Female  1. Group Discussion 2. Deployment of Folk Media	14.1					
Topics No. Held Male Female  1. Group Discussion  2. Deployment of Folk Media	14.1	10tal Death = 14 (a + b + c)				
1. Group Discussion 2. Deployment of Folk Media	15.	IEC Activities		1		
2. Deployment of Folk Media		1. Group Discussion		1.00 III	TATOLE	Tunale
CARL MARKET N. C. TREBUT EN C. TREBUT EN C.		3. Others (Specify)				

#### MONTHLY REPORT OF HAU FOR

FORM - C

## \* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of	
HAU No	No. of reporting SCs
POSITION AS ( 1) No. of Beneficiary Families 2)	ON 1 <sup>ST</sup> APRIL,
3) No. of Eligible Couples4)	
5) No. of Children (1 to < 5 years)	10. of Illiants (under 1 year)

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended	, «	
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to		
2.7	Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		

<sup>\*</sup> Put tick mark ( $\sqrt{}$ ) whichever is applicable.

SI. No.	Services	Perform the rep mon	orting	Cumulative performance since April		
3.	Pregnancy Outcome	M	F	M	F	
3.1	No. of births					
	a) Live births					
	b) Still births					
3.2	Order of birth in 3.1 (a) (live births)					
	a) 1 <sup>st</sup>					
3.4 3.4 3.4 4. 4.1 4.2 5.	b) 2 <sup>nd</sup>					
	c) 3+					
3.3	New born status of birth in 3.1 (a) (live births)					
	a) Less than 2.5 Kg.					
	b) 2.5 Kg. or more					
	c) Weight not recorded		· Laborita			
3.4	High risk new born					
	a) No. Attended					
3.1 3.2 3.3 3.4 4. 4.1 4.2 5. 5.1 5.2 5.3 6. 6.1	b) No. Referred					
4.	Post Natal Care					
4.1	No. of women received 3 post natal check-ups					
4.2	No. of Complicated cases referred					
5.	Maternal Deaths					
5.1	During Pregnancy		<u>mmumin</u>			
5.2	During Delivery					
5.3	Within 6 weeks of delivery			7		
6.	RTI/STI	M	F	M	F	
6.1	Cases detected					
6.2	Cases treated					

Contd..

## 7. Immunization & Prophylaxis:

	During the month	Cumulative since April
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

			During the month				Cumulative since April						
			-1 Yr.		e 1 Yr.	U	nder – 1	Vr	1				
		Male	Female	Male	Female	Male	Female	Total		Above 1 Y			
BCG							- Cinaic	Total	Wiale	Female	Tota		
	DPT-1					-		-					
DPT	DPT-2							-					
	DPT-3							-					
	OPV-0							-					
OPV	OPV-1												
	OPV-2												
	OPV-3												
	Нер-1												
Hepatitis B	Hep-2												
	Hep-3												
Measles													
Fully	Having												
	BCG+3												
	doses of					1							
under 1 year	OPV&DPT												
	+ Measles						1	1	<b>//////}</b>				
	Dose - 1												
	DPT												
than 18 months													
	OPV				E								
	Booster												
VTTAMIN -A	Dose – 2												
OPV  Hepatitis B  Measles Fully immunized Children under 1 year  VITAMIN -A  Children more than 18 months  VITAMIN -A  Children more than 5 yrs.  Children more than 10 yrs.	Dose - 3								-				
	Dose – 4				1								
	Dose - 5				E								
	DT-1												
	DT - 2												
	TT-1												
	TT-2								-				
Children more	TT-1								-+				
han 16 yrs.	TT-2												
No. of Children					- //								
						,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	ns												
						1		-					
				-									
Other Compli													
. Julei Compil	cations												

SI. No.	Services		forman report month	ing	Cumulation performance since April			
8.	Vaccine preventable diseases for under - 5 years children							
-	a) Diptheria	M	F	T	M	F	T	
	i) Cases	1		· ·	1	1	1	
	ii) Deaths							
	b) Poliomyelitis						XIIIIII	
	i) Cases				A THURSDAY			
	ii) Deaths							
arrandalist	c) Neo Natal Tetanus					<b>Y</b>		
	i) Cases							
	ii) Deaths							
	d) Tetanus other than Neo Natal							
	i) Cases							
	ii) Deaths							
	e) Whooping Cough						XIIIIII	
	i) Cases	711111111						
	ii) Deaths							
	f) Measles	////////	<b>Y</b>			X//////	X	
	i) Cases							
	ii) Deaths							
3.1	Other specified communicable diseases	////////	XIIIIIII				XIIIIII	
7.1	a) Malaria		<b>Y</b>					
	i) Cases							
	ii) Deaths	1						
	b) Tuberculosis		XIIIIII	XIIIIII		XIIIII	<b>X</b>	
	i) Cases	Yannan .						
	ii) Deaths	-			1	1		
	c) Leprosy	VIIIIIII	XIIIIII	X//////	X//////	X//////	<b>X</b>	
	i) Cases	· ·	A IIIIIII			1		
	ii) Deaths							
).	ARI under 5 years (Pneumonia)							
	a)Cases							
	b)Treated with Co-trimoxazole							
	c)Deaths			30 9				
Ū.	Acute Diarrhocal Diseases under 5 years							
	a)Cases		1	T				
	b)Treated with ORS	-	1		1	1		
	- ARTHUR STATE OF STA	+		-				
	c)l)eaths	/////////	NIIIIIIII	XIIIIIII				
1.	Child Deaths			XIIIIIII				
	a) under 1 week				-	-	-	
	b) 1 week to under 1 month		1		-	-		
	c) 1 month to under 1 year	-		-			-	
	d) 1 year to under 5 years							

SI. No.	Services	No. of Eligible Couple already		mance in the ting month	Cumulative
		protected (as existing on 31st March preceding year)/ subsequent cumulative monthly total (a)	No of New Acceptors	Nos. Discontinued OR taken off for crossing Eligible age	performance Since April including carried over performance
12.	Contraceptive Services	(a)	(b)	(c)	(a + b - c)
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1					
12.3.2					
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of condom users				
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)			. •	
12.6	No. of Eligible Couples accepted sterilization			nance in the	Cumulative performance
12.6.1	Having upto 2 living children				Since April
12.6.2	Having 3 or more children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Si No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = $14 (a + b + c)$				
15.	IEC Activities	Hel	d		ttendance
		Topics	No. He		
	1. Group Discussion		710. 110	iviale	Female

15.	IEC Activities	He	Attendance		
		Topics	No. Held	Male	Female
	1. Group Discussion				1 cinaic
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date:
C:Dr. Gowannikuspakuspamies new format.doc

#### MONTHLY REPORT OF HAU FOR

FORM - C

## \* CUDP-HI/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month o Name of the Municipality / Corpor	
HAU No.	No. of reporting SCs
POSITION A  1) No. of Beneficiary Families  3) No. of Eligible Couples  5) No. of Children (1 to < 5 years)	AS ON 1 <sup>ST</sup> APRIL,

SI. No.	Services	Performance in the reporting month	Cumulative performance since April
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended		, <b>«</b>
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster	2012.01	
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar	-	
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		,
2.4			
4.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		

<sup>\*</sup> Put tick mark (√) whichever is applicable.

SI. No.	Services	Performance in the reporting month		Cumulative performance since April		
3.	Pregnancy Outcome	M	F	M	F	
3.1	No. of births					
	a) Live births					
	b) Still births		13.34			
3.2	Order of birth in 3.1 (a) (live births)					
	a) 1 <sup>rt</sup>					
	b) 2 <sup>nd</sup>					
	c) 3+					
3.3	New born status of birth in 3.1 (a) (live births)					
	a) Less than 2.5 Kg.					
	b) 2.5 Kg. or more					
	c) Weight not recorded					
3.4	High risk new born					
	a) No. Attended					
	b) No. Referred					
4.	Post Natal Care					
4.1	No. of women received 3 post natal check-ups					
4.2	No. of Complicated cases referred					
5.	Maternal Deaths					
5.1	During Pregnancy					
5.2	During Delivery					
5.3	Within 6 weeks of delivery					
6.	RTI/STI	M	F	M	F	
6.1	Cases detected					
6.2	Cases treated		ý-			

Contd..

## 7. Immunization & Prophylaxis:

100	During the month	Cumulative since April
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

			During th	e month	1		Cumula	tive sin	ce April		
		Under	-1 Yr.	Abox	e 1 Yr.	U	nder – 1	Vr			
		Male	Female	The second second	Female	Male	Female	Total		Female	
BCG								Total	Whate	remaie	1 ota
	DPT-1										
DPT	DPT-2										
	DPT-3							-			
	OPV-0							-			
OPV	OPV-1										
	OPV-2		1-10-1					-			
	OPV-3							1			
	Hep-1										
Hepatitis B	Hep-2							- 8			
	Нер-3										
Measles											
Fully	Having										
immunized	BCG+3										
Children	doses of										
under 1 year	OPV&DPT						1				
	+ Measles										
VITAMIN -A	Dose - 1										
Children more	DPT										
than 18 months	Booster				E						
	OPV								-		
	Booster										
VTTAMIN -A	Dose - 2										
	Dose - 3										
	Dose – 4										
	Dose - 5								-		
Children more	DT-1										
han 5 yrs.	DT-2										
Children more	TT-1										
han 10 yrs.	TT-2										
Children more	TT-1			-							
han 16 yrs.	TT-2			-+	- 8						
No. of Children	received TEA										
INTOWARD R											
. Reported deat	be										
associated wit											
immunization	"										
. Number of ab	SC25222		-								
Other Compli											
Other Compile	cations										

No.	Services		Performance in the reporting month			Cumulati performance since April		
8.	Vaccine preventable diseases for under - 5 years children							
	a) Diptheria	M	F	T	M	F	T	
	i) Cases			1	1	1	1	
	ii) Deaths							
	b) Poliomyelitis						X///////	
	i) Cases							
	ii) Deaths							
	c) Neo Natal Tetanus							
	i) Cases							
	ii) Deaths							
-	d) Tetanus other than Neo Natal						<b>Y</b>	
	i) Cases							
	ii) Deaths							
	e) Whooping Cough							
	i) Cases							
	ii) Deaths							
	f) Measles							
	i) Cases							
	ii) Deaths							
¥.1	Other specified communicable diseases							
2. 2	a) Malaria							
	i) Cases			1				
	ii) Deaths							
	b) Tuberculosis		X///////				XIIIII	
	i) Cases	Yanaan			- I		1	
	ii) Deaths			1000				
	c) Leprosy				<b>X</b> ///////		<b>X</b> //////	
	i) Cases	The state of the s	ÿ-					
	ii) Deaths			College State of the State of t				
),	ARI under 5 years (Pneumonia)							
-	a)Cases							
	b)Treated with Co-trimoxazole				- 1111			
	c)Deaths		1					
O.	Acute Diarrhocal Diseases under 5 years							
U.	a)Cases							
	b)Treated with ORS							
	c)Deaths							
1.	Child Deaths							
4.	a) under 1 week							
		1		1				
	d) 1 year to under 5 years							

SI. No.	Services	No. of Eligible	Perfor	mance in the	Cumulative
140.	<b>T</b>	Couple already	repor	ting month	performance
		protected	No of	Nos.	Since April
		(as existing on	New	Discontinued	including
		31st March	Acceptors	OR	carried over
		preceding year)/		taken off for	performance
		subsequent		crossing	
		cumulative		Eligible age	
		monthly total		_ 0	
12.	Contraceptive Services	(a)	(b)	(c)	(a + b - c)
12.1					
12.1	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
14.4	a) Abdominal				
12.3	b) Laparoscopic				
12.3.1	Total IUD insertions				
12.3.1					
12.3.2	Complications No. of CC users	<i></i>	,,,,,,		
12.4					
	a) No. of OP users				
12.5	b) No. of condom users	1			
12.5	Total Nos protected by all				
13 /	methods (12.1+12.2+12.3+12.4)		. 4		
12.6	No. of Eligible Couples accepted		Perform	ance in the	Cumulative
	sterilization		reporti	ng month	performance
12 6 1	Having and A. S. C. 1414				Since April
2.0.1	Having upto 2 living children				
12.7	Having 3 or more children	VIIII VIII VIII VIII VIII VIII VIII VI			
12.7	No. of CC distributed				
2.7.1	- Constitution of the cons				
	The state of the s				
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Sl No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5				
141	& 11				
14.1	Total Death = $14 (a + b + c)$				
15.	IEC Activities	Hele	d	A	ttendance
		Topics	No. Hel		Female

15.	IEC Activities	He	Attendance		
		Topics	No. Held	Male	Female
	1. Group Discussion			111111	remate
	2. Deployment of Folk Media				
	3. Others (Specify)				

#### FORM - C

#### MONTHLY REPORT OF HAU FOR

## \* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month o Name of the Municipality / Corpor	fYear	
HAU No	No. of reporting SCs	-
POSITION .  1) No. of Beneficiary Families  3) No. of Eligible Couples  5) No. of Children (1 to < 5 years)	AS ON 1 <sup>ST</sup> APRIL,	_

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		

<sup>\*</sup> Put tick mark (√) whichever is applicable.

SI. No.			nance in porting nth	Cumulative performance since April		
3.	Pregnancy Outcome	M	F	M	F	
3.1	No. of births					
	a) Live births					
	b) Still births					
3.2	Order of birth in 3.1 (a) (live births)					
	a) 1 <sup>st</sup>					
	b) 2 <sup>nd</sup>					
	c) 3+					
3.3	New born status of birth in 3.1 (a) (live births)					
	a) Less than 2.5 Kg.		811111111111111111111111111111111111111		<i></i>	
	b) 2.5 Kg. or more					
	c) Weight not recorded					
3.4	High risk new born					
	a) No. Attended					
	b) No. Referred					
4.	Post Natal Care					
4.1	No. of women received 3 post natal check-ups				<i></i>	
4.2	No. of Complicated cases referred					
5.	Maternal Deaths					
5.1	During Pregnancy					
5.2	During Delivery					
5.3	Within 6 weeks of delivery					
6.	RTI/STI	M	F	M	F	
6.1	Cases detected					
6.2	Cases treated					

Contd..

# 7. Immunization & Prophylaxis:

	During the month	Cumulative since April
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

			During th	e month	1		Cumula	tive ele			
		Under	- 1 Yr.	7	e 1 Yr.	TI	nder - 1	uve sin	ce April		
		Male	Female	Male	Female	Male	Female	Total		bove 1 Y	
BCG						Maic	гешане	Total	Male	Female	Total
	DPT-1							-			
DPT	DPT-2							-			
	DPT-3										
	OPV-0										
OPV	OPV-1										
	OPV-2										
	OPV-3										
	Hep-1										
Hepatitis B	Hep-2										
	Hep-3										
Measles											
Fully	Having										
immunized	BCG+3										
Children	doses of										
under 1 year	OPV&DPT										
	+ Measles						1				
VITAMIN -A	Dose - 1		B						mm	mmm	mili.
Children more	DPT										
than 18 months	Booster										1
	OPV						////// <del>\</del>		-		
	Booster									1	l
VITAMIN -A	Dose – 2										
4	Dose - 3									-	
	Dose - 4				V						
	Dose - 5										
Children more	DT-1								-		
than 5 yrs.	DT-2				V)				-		
Children more	TT-1										
than 10 yrs.	TT-2								-		
Children more	TT-1								+	-	
than 16 yrs.	TT-2			-					-+		
No. of Children	received IFA			-							
UNTOWARD R								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
I. Reported deat associated wit immunization	hs h										
. Number of ab											
. Other Compli	cations										

SL No.	Services	Performance in the reporting month Cumulative performance since April
8.	Vaccine preventable diseases for under - 5 years children	
-	a) Diptheria	M F T M F T
	i) Cases	The state of the s
	ii) Deaths	
	b) Poliomyelitis	
	i) Cases	
	ii) Deaths	
	c) Neo Natal Tetanus	
	i) Cases	
	ii) Deaths	
	d) Tetanus other than Neo Natal	
	i) Cases	
	ii) Deaths	
	e) Whooping Cough	
	i) Cases	
	ii) Deaths	
	f) Measles	
	i) Cases	
	ii) Deaths	
1.1	Other specified communicable diseases	
~ *	a) Malaria	
	i) Cases	
	ii) Deaths	
	b) Tuberculosis	
	i) Cases	
	ii) Deaths	
	c) Leprosy	
	i) Cases	
	ii) Deaths	
).	ARI under 5 years (Pneumonia)	
-	a)Cases	
	b)Treated with Co-trimoxazole	
	c)Deaths	
0.	Acute Diarrhocal Diseases under 5 years	
	a)Cases	
	b)Treated with ORS	
	c)Deaths	
1.	Child Deaths	
	a) under 1 week	
	b) 1 week to under 1 month	
	c) 1 month to under 1 year	
	d) 1 year to under 5 years	

SI. No.	Services	No. of Eligible		mance in the	Cumulative	
1	<b>T</b>	Couple already		ting month	performance	
1		protected	No of	Nos.	Since April_	
		(as existing on	New	Discontinued	including	
	1	31 <sup>st</sup> March	Acceptors	OR	carried over	
		preceding year)/		taken off for	performance	
		subsequent		crossing		
		cumulative		Eligible age		
		monthly total				
12.	Contraceptive Services	(a)	(b)	(c)	(a + b - c)	
12.1						
	a) Conventional					
	b) No scalpel					
12.2	Female Sterilisation				<i></i>	
	a) Abdominal					
	b) Laparoscopic					
12.3	Total IUD insertions					
12.3.1						
12.3.2						
12.4	No. of CC users					
	a) No. of OP users					
	b) No. of condom users					
12.5	Total Nos protected by all					
	methods (12.1+12.2+12.3+12.4)					
12.6	No. of Eligible Couples accepted		Dorform	ance in the		
	sterilization			Constitution or market beatless.	Cumulative	
			reporti	ng month	performance	
12.6.1	Having upto 2 living children				Since April	
12.6.2	Having 3 or more children					
12.7	No. of CC distributed					
12.7.1	No. of OP Cycle distributed					
12.7.2	No. of Condoms distributed					
13.	Abortions					
	a) Spontaneous					
	b) No. of MTPs done					
	c) Deaths					
14.	Deaths					
	a) Maternal Deaths (as in Sl No. 5)					
	b) Child Deaths (as in Sl. No. 11)			1		
1	c) Other Death except Sl. No. 5					
	& 11					
14.1	Total Death = $14 (a + b + c)$					

15.	IEC Activities	C Activities Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion			111111	Temate
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date:
CADE. GEORGEMAN ACCEPTAGES NEW FORMAT. doc

## **MONTHLY REPORT OF HAU**

FOR

* CUDP-III / CSIP / I	PP-VIII / IPP-VIII(Extn.)	/ RCH Sub-Project Asansol	HHW SCHEME

Report for the month of	YearYear
Name of the Municipality / Corporation	ering Wasid T.S.
HAU No	No. of reporting SCs
POSITION AS	ON 1 <sup>ST</sup> APRIL,
1. No. of Beneficiary Families	2. No. of Beneficiary Population
3. No. of Eligible Couples	4. No. of Infants (under 1 year)
5. No. of Children (1 to < 5years)	

SI. No.	Services	Performance in the reporting month	Cumulative performance since April
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New (i) Before 12 weeks	- miles permittes	Ton maleWeb   To
	(ii) After 12 weeks		
23.	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		Boutton over 12 1
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		on the experience to
1.4	No. of TT doses		
	a) TT1		
	b) TT2	Contact State None	Harris Des Australia
	c) Booster	-1.	
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		airical portinal S.S.
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps	Parantonia de la companya della companya della companya de la companya della comp	
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above	Per per la	
2.4	No. of complicated Delivery cases referred to Govt. / Non-Govt. Hospital / Nursing Home / Maternity Homes		

<sup>\*</sup> Put tick mark (√) whichever is applicable.

SI. No.	Services	Performance in the reporting month Performance April  M F M			
3.	Pregnancy Outcome	M	indF ito	M	F
3.1	No. of births				
	a) Live births				
	b) Still births				130 41
3.2	Order of birth in 3.1 (a) (live births)				
	a) 1 <sup>st</sup>				
	b) 2 <sup>nd</sup>		galquo.		
	c) 3+				
3.3	New born status of birth in 3.1 (a) (live births)				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more	6 95			
	c) Weight not recorded	- Me	gr in ore	Lug rel	
3.4	High risk new born				
	a) No. Attended				
	b) No. Referred	4 10 8 3 180			
4.	Post Natal Care				
4.1	No. of women received 3 post natal check-ups				
4.2	No. of Complicated cases referred				
5.	Maternal Deaths				
5.1	During Pregnancy	dunilliani			
5.2	During Delivery			- Jalenski	ha
5.3	Within 6 weeks of delivery			In 'Our a	184 J. 3
6.	RTI/STI	M	F	М	F
6.1	Cases detected			and I a mere	
6.2	Cases treated		7	avitati in ati	DIL XX

dobto simbantin verturniana Contd..

### 7. munization & Prophylaxis:

	During the month	Cumulative since April
No. of Sessions planned	STEP CATEGORY	TO A SERVE BY STATE OF THE SERVE OF THE SERV
No. of Sessions held		The second secon
No. of outreach Sessions held		

		D	uring th	e mon	th	Cui	mulative	since	April_	EVE 181	
		Under - 1 Yr.		Above	- 1 Yr.	Ur	Under – 1 Yr.		Above - 1		Yr.
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG								antida			
	DPT-1										
DPT	DPT-2					1111	4	9			
	DPT-3					List	Mag N	tent 16			
	OPV-0					Man I		al s			
ODV	OPV-1		17-1					S 1/36			
OPV	OPV-2	2	10,13					Merical			
	OPV-3										
	Hep -1		dia se				1000				
Hepatitis B	Hep -2	44	1				6/3/1				
	Hep -3	420						2-1			
Measles											
Fully Immunized Children under 1 year	Having BCG+3 doses of OPV & DPT +Measles						3.00				
VITAMIN - A	Dose - 1										
Children more	DPT Booster										
than 18 months	OPV Booster								15-24-1V	-	
	Dose – 2			4						145	WW 21
V/ITABAINI A	Dose - 3								2007		
VITAMIN - A	Dose - 4									an isa	
	Dose - 5									3050	
Children more	DT - 1								The Real	1.7	
than 5 yrs.	DT - 2									Serie.	
Children more	TT - 1			2 5	-				odemić	Served.	
than 10 yrs.	TT - 2										
Children more	TT-1										14-
than 16 yrs.	TT-2								Transfer of	BACT TO	167
No. of Children re	eceived IFA			de com	XXX XXX				adina	Tollar	1
UNTOWARD RE	ACTION										
Reported dea with immuniza	ths associated ation								ekth a		
2. Number of ab	scesses			1			2816/1	Constr	ni nine	40 7 74	
3. Other Compli	cations				755						-

SI. No.	Services  Vaccine preventable diseases for under- 5 Years children		Performance in the reporting month			Cumulative performance since April			
8.									
a)	Diptheria	M	F	T	M	F	T		
	i) Cases			DEATH	clueba	The said	and get		
	ii) Deaths								
	b) Poliomyelitis								
	i) Cases								
	ii) Deaths	A DHOD	(Leaner)						
	c) Neo Natal Tetanus								
	i) Cases								
	ii) Deaths		11		KERNEY		To the contract of		
	d) Tetanus other than Neo Natal								
	i) Cases								
	ii) Deaths	MEN			1990				
	e) Whooping Cough								
	i) Cases				No Gara				
	ii) Deaths				Name of the last	- Magazia			
	f) Measles								
	i) Cases								
	ii) Deaths			Mark Mark					
8.1	Other specified communicable diseases								
	a) Malaria								
	i) Cases		1111/21111111						
	ii) Deaths				1		(In rebrio		
	b) Tuberculosis								
	i) Cases			, and the same of	111111111111111111111111111111111111111				
	ii) Deaths		436						
	c) Leprosy								
	i) Cases								
	ii) Deaths	LITE S			6871		CONTENT		
9.	ARI under 5 years (Pneumonia)								
	a) Cases					MILLIAN	Millimin		
	b) Treated with Co-trimoxazole				122	Legal Fr	PERCHANCE.		
	c) Deaths						1		
10.	Acute Diarrhoeal Diseases under 5 years								
	a) Cases								
	b) Treated with ORS	-5.42			10.53	100	HEDDE ST		
	c) Deaths		000				al real		
11.	Child Deaths								
11.	a) under 1 week								
	b) 1 week to under 1 month				1 - 1 - 1	- 10 10 10	1 -1/1 -2		
	c) 1 month to under 1 year						Tilling		
	d) 1 year to under 5 years								

		No. of Eligible Couple already		ance in the ing month	Cumulative performance
SI. No.	Services	protected (as existing on 31st March preceding year)	No. of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	Since Aprilincluding carried over performance (a + b - c)
12	Contraceptive Services				
12.1	Male Sterilisation				
12.1	a) Conventional				
	b) No Scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions	The state of the s	F-A		
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of Condom users	Section 1			
12.5	Total Nos. protected by all			August 1	
	methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization			ance in the . ng month	Cumulative performance Since April_
12.6.1	Having 2 living children				THE PARTY
12.6.2	Having 3 or more living children				
12.7	No. of CC distributed				
12.7.1	No, of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	a) Spontaneous				
7.1	b) No. of MTPs done				
549	c) Deaths				100000000000000000000000000000000000000
14	Deaths				
	a) Maternal Deaths (as in Sl. No. 5)				
1	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except SI. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a + b+ c)				
15	IFC Activities	Hold			ndonoo

15.	IEC Activities	H	eld	Attendance	
ATE:		Topics	No. Held	Male	Female
	Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)	4 1 1 2 2 2			

## Kind Attn: Dr. Shileani Groswami

Please check the matter for Printing on the Box (continus) and confirm immediately.

and ,	
COOCH BEHAR MUNICIPALITY DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: COOCH BEHAR, PH.: 03582 222 286	BANKURA MUNICIPALITY DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: BANKURA, PH.: 03242 2548:04/250368  FORMS: A B C
JANGIPUR MUNICIPALITY  DFID ASSISTED HONORARY HEALTH WORKER SCHEME  DIST.: MURSHIDABAD, PH.: 953483 266074  FORMS: A B C	BISHNUPUR MUNICIPALITY DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: BANKURA, PH.: 953244 252591  FORMS: A B C C
BERHAMPORE MUNICIPALITY DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: MURSHIDABAD, Ph.: 953482 250012 -	C C C C C C C C C C C C C C C C C C C
SURI MUNICIPALITY DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: BIRBHUM, PH.: 953462 255534~	KRISHNAGAR MUNICIPALITY DFID ASSISTED HONORARY HEALTH IWORKER SCHEME DIST.: NADIA, PH.: 953472 25:2926/258932- FORMS: A B C
BOLPUR MUNICIPALITY  DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: BIRBHUM, PH.: 953463 252501-  FORMS: A B C	MEDINIPUR MUNICIPALITY DFID ASSISTED HONORARY HEALTH WORKER SCHEME DIST.: MEDINIPUR (W), PH.: 953222 275384/266483 FORMS: A B C
PURULIA MUNICIPALITY  DFID ASSISTED HONORARY HEALTH WORKER SCHEME  DFID ASSISTED HONORARY HEALTH WORKER SCHEME	

		প্রাঃ দঃ	240	পাদিত কার্যাবলী	মোট সংখ্যা
ক্রমিক নং	পরিষেবা	যাঁরা আগেই সুরক্ষিত হয়েছেন তার সংখ্যা (পূর্ববর্তী বছরের ৩১শে মার্চ পর্যন্ত) / পরবর্তী মাসের মোট সংখ্যা	সংখ্যা	বয়স পেরিয়ে গেছে তার সংখ্যা	সংখ্যা সহ)
		(季)	(খ)	(গ)	(ক + খ - গ
>2.	জন্ম নিয়ন্ত্রণ পদ্ধতি গ্রহণের পরিষেবা				
25.2	পুরুষের স্থায়ী পদ্ধতি				
	ক) কনভেন্শনাল				
	थ) ता ऋानलन				
25.5	মহিলার স্থায়ী পদ্ধতি				
	ক) অ্যাবডোমিনাল		Tope The		
	খ) ল্যাপারোস্কপিক				
25.0	আই. ইউ. ডি. পরানোর মোট সংখ্যা				
32.0.5	এরপ কতজনকে ফলো-আপ করা হয়েছে তার সংখ্যা				
32.0.2	জটিলতার সংখ্যা				
\$2.8	প্রচলিত জন্ম নিয়ন্ত্রণ পদ্ধতি ব্যবহারের সংখ্যা				
	ক) ওরাল পিল কভজন ব্যবহার করেছেন				
	খ) নিরোধ কতজন ব্যবহার করেছেন				
3.56	বিভিন্ন পরিকল্পনা পদ্ধতি ব্যবহার দ্বারা সংরক্ষিতের মোট সংখ্যা (১২.১ + ১২.২ + ১২.৩ + ১২.৪)				
<b>5</b> 2.6	কতজন প্রজননশীল দম্পতি পরিবার স্থায়ী পরিকল্পনা পদ্ধতি গ্রহণ করেছেন		কেব	ল মাত্র উল্লিখিত ১৫ দিনে	মোট সংখ্যা (এপ্রিল, থেকে)
\$2.6.5	যাদের জীবিত দৃটি পর্যন্ত সন্তান আছে তার সংখ্যা				
32.6.2	যাদের জীবিত তিন ও উর্দ্ধে সন্তান আছে তার সংখ্যা		58 A S		
52.9	প্রচলিত পরিবার পরিকল্পনা পদ্ধতির বিতরণের সংখ্যা				
52.9.5	ওরাল পিল বিতরশের সংখ্যা				
32.9.2	কন্ডোম বিতরণের সংখ্যা				
30.	গর্ভপাত (অ্যাবোরশন্)				
	ক) স্বতঃস্ফৃত অ্যাবোরশন্		anninini.		Manual Control of the
	খ) এম. টি. পি.র সংখ্যা				
	গ) মৃত্যু			Service Control	42,400
\$8.	মৃত্যুর পরিসংখ্যান				
	ক) মাতৃ (প্রসৃতি) মৃত্যুর সংখ্যা (ক্রমিক নং - ৫)		· · · · · · · · · · · · · · · · · · ·		
	খ) বাচ্চার মৃত্যুর পরিসংখ্যান (ক্রমিক নং - ১১)				
	গ) অন্যান্য মৃত্যু (ক্রমিক নং ৫ ও ১১ ছাড়া)				11862
\$8.5	মোট মৃত্যুর সংখ্যা = ক্রমিক নং ১৪ (ক + খ + গ)				
		অন্ঠিত হ	য়েছিল	উপ্য	শ্বতি
>e.	আই. সি. সির কার্যক্রম	<b>विषय़</b>	সংখ্যা		মেয়ে
	ক) দলভিত্তিক আলোচনা				
	খ) জনশিক্ষা প্রচলিত পদ্ধতি				
	গ) অন্যান্য (বিশেষভাবে উল্লেখ করুন)		y Mary		4 = 9 days

মেচ্ছাসেবী স্বাস্থ্যকর্মীর স্বাক্ষর তারিখঃ

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		প্রাঃ দঃ	স্প	পাদিত কার্যাবলী	শোট সংখ্যা
ক্রমিক নং	পরিষেবা	যাঁরা আগেই সুরক্ষিত হয়েছেন তার সংখ্যা (পূর্ববর্তী বছরের ৩১শে মার্চ পর্যন্ত) / পরবর্তী মাসের মোট সংখ্যা	সংখ্যা	বয়স পেরিয়ে গেছে তার সংখ্যা	(এপ্রিল, শেকে, পূর্ববর্তী বছরের সংখ্যা সহ)
		(本)	(%)	(গ)	(ক + খ - গ
>2.	জন্ম নিয়ন্ত্রণ পদ্ধতি গ্রহণের পরিষেবা				
25.2	পুরুষের স্হায়ী পদ্ধতি				
	ক) কনভেন্শনাল				
	খ) নো স্ক্যালপেল	***************************************			
25.5	মহিলার স্থায়ী পদ্ধতি				
	ক) অ্যাবডোমিনাল				
	খ) ল্যাপারোস্কপিক				na de la compania del compania del compania de la compania del compania
25.0	আই, ইউ, ডি, পরানোর মোট সংখ্যা				
20.5	এরূপ কতজনকে ফলো-আপ করা হয়েছে তার সংখ্যা				
>2.0.2	জটিলতার সংখ্যা				
\$2.8	প্রচলিত জন্ম নিয়ন্ত্রণ পদ্ধতি ব্যবহারের সংখ্যা				
	ক) ওরাল পিল কতজন ব্যবহার করেছেন				
	খ) নিরোধ কতজন ব্যবহার করেছেন			DIRECTOR OF THE PARTY OF THE PA	
32.0	বিভিন্ন পরিকল্পনা পদ্ধতি ব্যবহার দ্বারা সংরক্ষিতের মোট সংখ্যা (১২.১ + ১২.২ + ১২.৩ + ১২.৪)				
\$2.6	কতজন প্রজননশীল দম্পতি পরিবার স্হায়ী পরিকল্পনা পদ্ধতি গ্রহণ করেছেন		কেবল	। মাত্র উল্লিখিত <b>মা</b> সে	মোট সংখ্যা (এপ্রিল,
32.6.5	যাদের জীবিত দৃটি পর্যন্ত সন্তান আছে তার সংখ্যা				থেকে)
32.6.2	যাদের জীবিত তিন ও উর্জে সন্তান আছে তার সংখ্যা				
32.9	প্রচলিত পরিবার পরিকল্পনা পদ্ধতির বিতরশের সংখ্যা				
32.9.5	ওরাল পিল বিতরশের সংখ্যা				
32.9.2	কল্ডোম বিতরণের সংখ্যা				
30.	গর্ভপাত (অ্যাবোরশন্)				
	ক) স্বতঃস্কৃত আবোরশন্				
	খ) এম টি. পি.র সংখ্যা				
	গ) মৃত্যু		minimi		
\$8.	মৃত্যুর পরিসংখ্যান				
The second	ক) মাতৃ (প্রসৃতি) মৃত্যুর সংখ্যা (ক্রমিক নং - ৫)				
	খ) বাচ্চার মৃত্যুর পরিসংখ্যান (ক্রমিক নং - ১১)				
	গ) অন্যান্য মৃত্যু (ক্রমিক নং ৫ ও ১১ ছাড়া)				
\$8.\$	মোট মৃত্যুর সংখ্যা = ক্রমিক নং ১৪ (ক + খ + গ)				
<b>&gt;</b> &.	আই. সি. সির কার্যক্রম	অনুষ্ঠিত হ <b>ে</b> বিষয়	য়ছিল সংখ্যা	উপ <b>ি</b> ছেলে	ইতি মেয়ে
	ক) দলভিত্তিক আলোচনা		CHARLES OF		
	খ) জনশিক্ষা প্রচলিত পদ্ধতি	A SULLIVER A			
1599	গ) অন্যান্য (বিশেষভাবে উল্লেখ করুন)				

প্রথম সারির পরিদর্শিকার স্বাক্ষর তারিখ ঃ

	Services	No. of E.C. already	Perforr repor	Cumulative performance	
SI. No.		protected (as on 31st Mar. preceding year)/ subsequent cumulative monthly total (a)	No. of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	Since Aprilincluding carried over performance (a + b - c)
12	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No Scalpel				
12.2	Female Sterilisation				
200	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up		West State of State o		
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of Condom users		100 300		
12.5	Total Nos. protected by all				
	methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization			ance in the ng month	Cumulative performance Since April
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more living children				
12.7	No. of CC distributed				
12.7.1	No, of OP Cycle distributed			The second second	
12.7.2	No. of Condoms distributed	3.13		***************************************	
13.	Abortions				
	a) Spontaneous				
37	b) No. of MTPs done				
201	c) Deaths				
14	Deaths				
	a) Maternal Deaths (as in Sl. No. 5)				
	b) Child Deaths (as in Sl. No. 11)			1	
	c) Other Death except SI. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a + b+ c)				

15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	Group Discussion	12 21 11 11 11 11 11			
	2. Deployment of Folk Media	A RESIDENCE			
	3. Others (Specify)			- 23 17 6	

Signature of HO / AHO Date :



## STATE URBAN DEVELOPMENT AGENCY

#### **HEALTH WING** "ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091 West Bengal

Ref No. .....SUDA-Health/DFID/06/36(11)

Date ...... 21.06.2006

From: Dr. Shibani Goswami

Project Officer Health Wing, SUDA

To

: The Chairman

Cooch Behar / Jangipur / Berhampur / Suri / Bolpur / Purulia /

Bankura / Bishnupur / Krishnagar / Kalna / Medinipur Municipality

Sub.: Supply of re-designed HMIS forms A, B & C

Sir / Madam.

For systematic preparation of reports under Health Management Information Systems (HMIS). the HMIS forms have been re-designed which are being printed and sent to your ULB by M/S CALENDARS Exhibition (India) Pvt. Ltd., P-51/1/1, Benaras Road, Belgachia, Howrah - 711 105 (Tele. Ph. - 2651 7163/64; Cell Phone - 9831800139).

The list of ULBs showing the nos. of HMIS Forms A, B & C to be used by you for this purpose is enclosed herewith. The Supply will contain a specimen copy of each item bearing the signature of the undersigned. Each type of HMIS Forms will be in shrink poly packing each containing 100 nos. Weight of each packet of HMIS Forms will be 1.20 Kg. approx.

I would request you to make necessary arrangement to receive those materials and return the challan duly stamped and signed by your designated official to the said supplier. The name of the designated official may also be informed to us to help us in processing bills of the supplier.

Thanking you.

Yours faithfully,

Enclo. : As stated.

Project Officer

SUDA-Health/DFID/06/36(11)/1(11)

21.06.2006

CC

The Project Director, HHW Scheme - DFID, ...... Municipality - for kind information and necessary action.

Project Officer

21.06.2006

SUDA-Health/DFID/06/36(11)/2(1)

CC

M/S CALENDARS Exhibition (India) Pvt. Ltd., P-51/1/1,

Benaras Road, Belgachia, Howrah - 711 105.

C\Dr. Goswami\DFID\DFID - ULBS.doc

Tel/Fax No.: 359-3184



## STATE URBAN DEVELOPMENT AGENCY

#### **HEALTH WING** "ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091 West Bengal

Ref No. SUDA-Health/DFID/06/34

13.06.2006

From: Dr. Shibani Goswami

Project Officer Health, SUDA

To

: CALENDARS Exhibition (India) Pvt. Ltd.

P-51/1/1, Benaras Road, Belgachia

Howrah - 711 105

Sub: Work order for Printing and Supply of HMIS Forms A, B & C under DFID assisted Honorary Health Worker Scheme in 11 Non-KMA ULBs.

#### Dear Sir (s)

On receipt of your acceptance letter dt. 13.06.2006 along with DD bearing no. 540150 dt. 12.06.2006 drawn on Bank of Maharastra, Howrah Branch, you are requested to undertake the job for printing & supply of HMIS forms A, B & C at the existing rate quoted by you @ Rs. 150/- (Rupees one hundred fifty) only per packet of 100 nos. of Forms of each type plus VAT @ of 4% and on the same terms & conditions applied the work order issued by CMU bearing no. CMU-305/2006/3510 dt. 31.03.2006.

The distribution list is as under:

SI.	ULBs		Required No. o	ſ
No.		Form A	Form B	Form C
1	Cooch Behar	4000	1200	300
2	Jangipur	4000	1200	300
3	Berhampur	6500	2200	300
4	Suri	3500	1200	300
5	Bolpur	3500	1200	300
6	Krishnagar	6500	2200	300
7	Kalna	3500	1200	300
8	Bankura	5500	2200	300
9	Bishnupur	3500	1200	300
10	Purulia	6000	2200	300
11	Medinipur	6500	2200	300
	Total	53000	18200	3300

Contd. to P-2.

C:\Dr. Goswarm\DFID\DFID - MISC.doc

Tel/Fax No.: 359-3184



Before final printing draft HMIS Forms be shown to the undersigned for approval.

#### Date of Completion:

Time allowed for completion of the job is 4 (four) weeks, but in no case shall exceed 6 (six) weeks from the date of receipt of the formal work order.

The bills in triplicate along with receipted copy challan from respective Municipality in the prescribed format, which is enclosed, shall be submitted for payment. Copies of documents in respect of IT, PAN no., VAT no. & PT enrollment no. shall also be submitted along with the bills for payment.

#### Cost involvement:

As per the existing approved rate of Rs. 150/- per packet of 100 nos. of forms, the total cost involvement is Rs. 1,16,220/- (745 nos. of packet of 100 forms each x Rs. 150/- = Rs. 1,11,750/- + 4% VAT i.e. Rs. 4,470/-).

Thanking you.

Enclo. : As stated.

Yours faithfully,

Project Officer

13.06.2006

SUDA-Health/DFID/06/34(1) C.C.

Finance Officer, Health, SUDA

Project Director



Date: 13.06.2006

To State Urban Development Agency Health Wing, "ILGUS BHAVAN" H-C-Block, Sector-III Bidhan Nagar, Kolkata-91 West Bengal

Kind Attention: Dr. Shibani Goswami (Project Director)

Dear Madam,

We are enclosing herewith the Demand Draft as a Performance Security for Rs.10250.00 vide No.540150 dt.12.06.06 infavour of "PROJECT OFFICER, HHW SCHEME DFID" drawn on Bank of Maharastra, Howrah Branch, against work order bearing No.CMU-305/2006/3510 dated 31.03.06 for printing & supply of Family Schedule & HMIS Forms & A,B,C & D.

We accept your offer to Print & supply HMIS Forms A,B & C at the existing rate quoted by us

Thanking you,

Yours faithfully,

**Eor CALENDARS EXHIBITION (INDIA) PVT LTD** 

GAUTAM MODI)
Gèneral Manager
Cell: 98318 00152

Encl.: As above

DD handed overto Fo to deposit in the AJC

OF 1414 H Scheme, DFD, SUDA.

Received 3.D.

Received 3.D.

13.02.06.

### CALENDARS EXHIBITION (INDIA) PVT LTD

	Services	No. of Eligible Couple already		ance in the ing month	Cumulative performance
SI. No.		protected (as existing on 31" Maren preceding years  Currelled Y C. To Id (a)	No. of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	Since Aprilincluding carried over performance (a + b - c)
2	Contraceptive Services			<u> </u>	mercennical and a second
2.1	Male Sterilisation				
	a) Conventional				
	b) No Scalpel				
12.2	Female Sterilisation				
	a) Abdominal			*	
	b) Laparoscopic			•	
12.3	Total IUD insertions				
12.3.1	Cases followed up				1
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of Condom users				
12.5	Total Nos. protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		110	mance in the rting month	Cumulative performance Since April
12.6.1	Having 2 living children				
12.6.2	0.1 1.01.1.4				
12.7	No. of CC distributed		,,,,,,,,,,,,,,,,		<del></del>
12.7.1	No, of OP Cycle distributed				
12.7.2	No. of Condoms distributed				-
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				+
	c) Deaths				
14	Deaths				
	a) Maternal Deaths (as in Sl. No.	5)			-
	b) Child Deaths (as in Sl. No. 11)				-
	c) Other Death except SI. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a + b+ c)				
		He	eld	A	ttendance
15.	IEC Activities	Topics	No. Hel	d Male	Female
		1 Opioo			

15. IEC Activities Held Attendance
Topics No. Held Male Female

1. Group Discussion
2. Deployment of Folk Media
3. Others (Specify)

Signature of PTMO / STS HO / A H O Date :

11

DRM - C

CHEME

ve since

ontd..

		প্রজননশীল দম্পত্তি	স্থ	কে সংখ্যা	
ক্রমিক নং	পরিষেবা	যারা আগেই সুরক্ষিত হয়েছেন তার সংখ্যা (পূর্ববর্তী বছরের ৩১শে মার্চ পর্যন্ত)/ ১৯৫১ ১৮৫১ ১৮৫১ ১৮৫১ ১৮৫১ ১৮৫১ ১৮৫১ ১৮৫১	নতৃন গ্রহণকারীর সুংখ্যা	যাঁরা ব্যবহার করা ছেড়ে দিয়েছেন অথবা যেসব প্রজ্ঞাননশীল দম্পত্তির বয়স পেরিয়ে গেছে ভার সংখ্যা	(এপ্রিল, শেকে, পূর্ববর্তী বছরে সংখ্যা সহ)
32	জন্ম নিয়ন্ত্রণ পদ্ধতি গ্রহণের পরিষেবা	<b>(季)</b>	(খ)	(গ)	(ক + খ - গ
32.5	পুরুষের স্হায়ী পদ্ধতি				
	ক) কনভেনশনাল				
	थ) त्ना ऋग्राम्भन				
32.2	মহিলার স্থায়ী পদ্ধতি		AHHHHHHH		
	ক) অ্যাবডোমিনাল				
	খ) স্যাপারোস্কপিক				•
22.0	আই. ইউ. ডি. পরানোর মোট সংখ্যা				
25.05	এরপ কতজনকে ফলো-আপ করা হয়েছে তার সংখ্যা				
\$2.0.2	জটিলতার সংখ্যা				
\$2.8	প্রচলিত জন্ম নিয়ন্ত্রণ পদ্ধতি ব্যবহারের সংখ্যা				
	ক) ওরাল পিল কতজন ব্যবহার করেছেন				
	খ) নিরোধ কতজন ব্যবহার করেছেন				
32.0	বিভিন্ন পরিকল্পনা পদ্ধতি ব্যবহার দ্বারা সংরক্ষিতের মোট সংখ্যা (১২.১ + ১২.২ + ১২.৩ + ১২.৪)			•	
<b>32.</b> &	কতজন প্রজননশীল দম্পতি পরিবার স্থায়ী পরিকল্পনা পদ্ধতি গ্রহণ করেছেন		কেবল	মাত্র উল্লিখিত মাসে	মোট সংখ্যা (এপ্রিল,
32.6.5	যাদের জীবিত দৃটি সম্ভান আছে তার সংখ্যা				থেকে)
32.6.2	যাদের জীবিত তিন ও উর্দ্ধে সন্তান আছে তার সংখ্যা				
32.9	প্রচলিত পরিবার পরিকল্পনা পদ্ধতির বিতরণের সংখ্যা		anninana.		
52.9.5	ওরাল পিল বিতরণের সংখ্যা				
32.9.2	কল্ডোম বিতরণের সংখ্যা				
>0.	গর্ভপাত (অ্যাবোরশন্)				
	ক) স্বতঃস্কৃত অ্যাবোরশন্				
1	খ) এম. টি. পি.র সংখ্যা				
	গ) মৃত্যু				1.4
>8.	মৃত্যুর পরিসংখ্যান		inninnin		Million Comme
Ì	ক) মাতৃ (প্রসৃতি) মৃত্যুর সংখ্যা (ক্রমিক নং - ৫)				
	খ) বাচ্চার মৃত্যুর পরিসংখ্যান (ক্রমিক নং - ১১)				
	গ) অন্যান্য মৃত্যু (ক্রমিক নং ৫ ও ১১ ছাড়া)				
\$8.5	মোট মৃত্যুর সংখ্যা = ক্রমিক নং ১৪ (ক + খ + গ)	<del>/////////////////////////////////////</del>			
>e.		অনুষ্ঠিত হয়েনি	E AH	7.00	
-4.	আই. সি. সির কার্যক্রম	विसंग्र	रण সংখ্যा	উপস্থিতি	
	ক) দলভিত্তিক আলোচনা	1111	41/41)1	হেলে	মেয়ে
	খ) জনশিক্ষা প্রচলিত পদ্ধতি				
	গ) অন্যান্য (বিশেষভাবে উল্লেখ করুন)				

প্রথম সারির পরিদর্শিকার স্বাক্ষর তারিখ ঃ



Date: 09.06 2006

To State Urban Development Agency Health Wing, "ILGUS BHAVAN" H-C-Block, Sector-III Bidhan Nagar, Kolkata-91 West Bengal

Kind Attention : Dr. Shibani Goswami ( Project Director)

Dear Madam,

We acknowledge with thanks the receipt of your offer letter dated 06,06.06 vide work order bearing No.CMU-305/2006/3510 dated 31.03.06 for printing & supply of Family Schedule & HMIS Forms & A,B,C & D.

We accept your offer to Print & supply HMIS Forms A,B & C at the existing rate quoted by us

Thanking you,

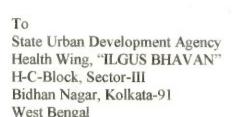
Yours faithfully,

FOR CALENDARS EXHIBITION (INDIA) PVT LTD

GAUFAM MODI) General Manager Cell: 98318 00152



Date: 07.06.2006





Dear Madam,

We acknowledge the receipt of your offer letter dated 06.06.06 pursuant to work order bearing No.CMU-305/2006/3510 dated 31.03.06 for printing & supply of Family Schedule & HMIS Forms & A,B,C & D, we accept your offer to Print & supply HMIS Forms A,B & C at the existing rate quoted by us with a request to amend the terms & conditions in regard to the delivery of the Forms to 11 different destination, it is requested that the delivery charges should be extra at actuals, because the quantity is too small & the submission amount of Performance Security should be exempted of Rs.10,250.00 (Rupees Ten thousand two hundred fifty only) as our security deposit of Rs.10.75 lacs (Rupees Ten lacs seventy thousand only) is already with you.

Hope that you will consider the above request and oblige.

Thanking you,

Yours faithfully,

For CALENDARS EXHIBITION (INDIA) PVT LTD

General Manager Cell: 98318 00152



## STATE URBAN DEVELOPMENT AGENCY

#### **HEALTH WING**

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091 West Bengal

Ref No. ...SUDA-Health/DFID/06/30

06,06,2006

From: Dr. Shibani Goswami

**Project Officer** Health, SUDA

To

: CALENDARS Exhibition (India) Pvt. Ltd.

P-51/1/1, Benaras Road, Belgachia

Howrah - 711 105

Sub: Offer letter for Printing and Supply of HMIS Forms A, B & C under DFID assisted Honorary Health Worker Scheme in 11 Non-KMA ULBs.

Dear Sir (s)

Pursuant to work order bearing no. CMU-305/2006/3510 dt. 31.03.2006 issued by the office of CMU for printing & supply of Family Schedule and HMIS Forms A, B, C & D against NIQ No. CMU-26/2002(Pt. III)/1808 dt. 27.01.2006, you are requested to undertake the job for printing & supply of HMIS forms A, B & C at the existing rate quoted by you and on the same terms & conditions applied in the said work order.

#### The distribution list is as under

SI.	ULBs	Required No. of			
No.		Form A	Form B	Form C	
1	Cooch Behar	4000	1200	300	
2	Jangipur	4000	1200	-300	
3	Berhampur	6500	2200	300	
4	Suri	3500	1200	300	
5	Bolpur	3500	1200	300	
6	Krishnagar	6500	2200	300	
7	Kalna	3500	1200	300	
8	Bankura	5500	2200	300	
9	Bishnupur	3500	1200	300	
10	Purulia	6000	2200	300	
11	Medinipur	6500	2200	300	
11	Total	53000	18200	3300	

Contd. to P-2.

C:\Dr. Goswami\DFID\DFID - MISC doc

Tel/Fax No.: 359-3184



- 2 -

#### Date of Completion:

Time allowed for completion of the job is 4 (four) weeks, but in no case shall exceed 6 (six) weeks from the date of receipt of the formal work order.

The bills in triplicate along with receipted copy challan from respective Municipality in the prescribed format, which is enclosed, shall be submitted for payment. Copies of documents in respect of IT, PAN no., VAT no. & PT enrollment no. shall also be submitted along with the bills for payment.

#### Cost involvement:

As per the existing approved rate of Rs. 150/- per packet of 100 nos. of forms, the total cost involvement is Rs. 1,16,220/- (745 nos. of packet of 100 forms each x Rs. 150/- = Rs. 1,11,750/- + 4% VAT i.e. Rs. 4,470/-).

If you are agree, you are requested to submit the acceptance letter along with the Performance Security for Rs. 10,250/- in the form of Demand Draft in favour of "Project Officer, HHW Scheme-DFID", by 14<sup>th</sup> June, 2006.

On receipt of your acceptance letter, the formal work order will be issued

Thanking you.

Enclo.: As stated.

Yours faithfully,

Project Officer

SUDA-Health/DFID/06/30(1)

C.C.

Finance Officer, Health, SUDA

06.06.2006

Project Director



#### **CHALLAN**

Name of the Municipality	:
1. HMIS Form A (In Bengali)	
2. HMIS Form B (In Bengali)	
3. HMIS Form C (In English)	
Received the above mentioned	items in good condition.

Signature with seal

Hooking sheet	From A de (1)	44) 50	184.	Perms.
1. Co Publis. 1 17	3500 to	to. 10.	1000	3004100
	3500	4	1500	500
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3. Bestrym. 1 40				
4. Smi 1 14	3500	3	1000	200
5. Bolpes 1 14	3000	3	1000	200
6. Knolnyn 1 35	6080	7	2000	500
7. Kolma 12	300	3	1000	500
8. Balun 1 28	5000	6	2000	200
9. Bishup. 1 14	3000	3	1000	200
10. Pwrlie, 1 291	5500	6	2000	200
11. M. Q1 Mpm. 1 38	6000	8	2000	200
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#### IEC Performance Report

	Re			RioT	Item of topics	To .on hstoT	scussion : To on Isso T	beria9
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Larucipance		Total no. of M			Item of topics	Type of Folk media	HAU/HP No.	Date
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Signature of HO / AHD.