

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

To

Assistant Director(ME)
Deptt. of Women & Child Development
Ministry of Human Resource Development
Room No.625, "A" Wing, Shastri Bhavan,
New Delhi – 110001

SUBJECT: CDPO's Monthly Progress Report for the month of _____ 20__

Name of State _____ Code

Name of District _____ Code

Name of Project _____ Code

Name/s of PHC _____

CHC _____

Referral Hospitals _____

No. of Sub-centres in the area _____

No. of Dispensaries in the block area _____

Category of Project – Central Sector / State Sector

Nature of Project – Rural / Tribal / Urban

Year of sanction _____

Name of CDPO _____

Postal Address _____

_____ Pin Code _____

No. of AWs sanctioned

No. of AWs functioning

No. of AWs reporting

No. of AWs opened for

0 day 1 – 14 days 15 – 20 days 21 days & above

1. Complete the proforma in quadruplets and send one Copy to Assistant Director (ME), Deptt. of Women & Child Development, Ministry of Human Resource Development, Shastri Bhavan, New Delhi-1 by the 7th of the following month.
2. 2nd copy to be sent to the DSWO/P.O and third Coy to the State Government through the DSWO.
3. Retain the fourth copy for record.
4. Part-A of this report is a consolidation of MPRs received from Anganwadi Workers through supervisors. Part- B pertains to information on administration & Coordination and is to be provided by CDPO.
5. Write one and only one digit in each box. Only number are to be written in boxes.
6. If the number of digits is less than the number of boxes, the excess number of boxes on the left should be filled by zeros.
7. If some information is not available cross out the boxes.

PART-A

1. ICDS Project Population details in reporting Aws (as per Aw Survey Registers)

i) **Total Population of AWs** Male Female
 (all age groups)

ii) **Children :** below 6 months 6 months–1 year 1-3 years 3–6 years
 Boys
 Girls

iii) **Women :**
 Pregnant Nursing
 (first 6 months of lactation)

iv) Pregnancy Registration: Within 16 weeks Beyond 16 weeks

2. Reported births and deaths

i) Boys

a) **Births :** Live Births Still Births
 a1) Birth weight taken Low birth weight babies
 b) **Deaths :** below 1 year 1-3 yrs 3-6 yrs

ii) Girls

a) **Births :** Live Births Still Births
 a1) Birth weight taken Low birth weight babies
 b) **Deaths :** below 1 year 1-3 yrs 3-6 yrs

iii) **Deaths of Women during Pregnancy and delivery**

Supplementary Nutrition

3. No. of AWs provided SNP in the month

0 days 1-14 days 15-20 days 21 days & above

4. Number of beneficiaries for

a) Supplementary Nutrition in all reporting AWs

	Total No. eligible	Total No. enrolled	No. Received SNP for 15 days or more
i) Pregnant Women	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii) Nursing Mothers (1 st 6 months of lactation)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii) Children 6 months- 1 year (Boys)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iv) Children 6 months-1 year (Girls)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Children 1-3 years (Boys)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Children 1-3 years (Girls)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vii) Children 3-6 years (Boys)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
viii) Children 3-6 years (Girls)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ix) Eligible for complementary feeding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Started Complementary feeding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b) Total Number of Children served

		Single Ration	Double Ration
i) Children 6 months-3 years	Boys	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Girls	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) Children 3-6 years	Boys	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Girls	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Classification of Nutritional Status:-

a) By Weight for Age

	<u>Below 1 year</u>		<u>1 - 3 years</u>		<u>3 - 6 years</u>	
	Boys	Girls	Boys	Girls	Boys	Girls
i) No. of children weighed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) No. of Children						
- with Normal Wt.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- in GRADE – I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- in GRADE – II	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- in GRADE – III	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- in GRADE – IV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

b) By Coloured Strip

	1-3 yrs(Boys)	1-3 yrs(Girls)	3-5 yrs(Boys)	3-5 yrs(Girls)
i) No. of children measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) No. of children in				
- GREEN zone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-YELLOW zone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-RED zone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Pre-school Education

	0 days	1-14 days	15-20 days	21 days & above
6.No. of AWs conducted Preschool education in the month	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

7.Total children (3-6 yrs) enrolled in the Pre-school Registers in all reporting AWs during the month
 Boys Girls

8. Total no. of children actually attended for 15 days or more Boys Girls

9. a) AWs where PSE activities Conducted per day for 30 minutes 1 Hour 1 Hour 30 minutes
 No. of AWs-

b) Preschool material / toys used by majority of children Regularly Some of the days Rarely
 in No. of AWs -

10. Nutrition and Health Education (NHED)

a) No. of AWs where NHED activities were organised
 b) Total women participated in all AWs
 c) No. of AWs where A.V. Aids were used for conducting NHED activities
 d) Total no. of NHED sessions organised in which Health staff also participated

11. Total number of families contacted through Home visits by

AWWs Supervisors CDPO & ACDPO

12. Number of AWs visited by

	Visited not even once	Once	Twice	More than Two times
CDPO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACDPO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supervisors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ANMs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LHVs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MOs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

13. No. of Joint visits to AWs by: CDPO/ACDPO with MO Supervisors with ANMs/LHVs

14. No. of AWs where Mahila Mandal exit No. of AWs with no Mahila Mandal

15. No. of AWs where Mahila Mandal meetings were held

(A) Health check-ups by ANM/LHV/MO (Number of persons)

Children 0-3 yrs	Children 3-6 yrs	Pregnant women	Nursing mothers
Boys <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Girls <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

(B) Referral Services:

- i) No. of Children referred to PHC CHC Sub-centre
- | | | | |
|-------|---|---|---|
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
- ii) No. of Mothers referred to

16. Immunisation Status

- Number Immunised this month
- | | | | |
|----------------------------|---|---|---|
| | 1 st dose | 2 nd dose/Booster | |
| a) Pregnant Women given TT | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| b) Children 0-1 year | 1 st dose BCG | 1 st dose Measles | |
| | Boys <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | Girls <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| DPT | 1 st dose | 2 nd dose | 3 rd dose |
| | Boys <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Girls <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| POLIO | 1 st dose | 2 nd dose | 3 rd dose |
| | Boys <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Girls <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Boys | Girls |
| c) Children 1-3 years | DPT Booster | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | POLIO Booster | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| d) Children 3-6 years | DT Booster | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 2 nd dose* | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

* (given to those children who could not be immunized during 1-3 yrs. of age)

16 (A) Hand Pumps

- (i) No. of AWs having hand pumps
- (ii) No. of AWs having hand pumps in working condition

16 (B) Special Component Plan(SCP)/ Tribal Sub-Plan (TSP)

- i) Death of Scheduled Caste Children
- | | | | |
|-------|---|---|---|
| | Below 1 year | 1-3 yrs | 3-6 yrs |
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
- ii) Death of Scheduled Tribe Children
- | | | | |
|-------|---|---|---|
| | Below 1 year | 1-3 yrs | 3-6 yrs |
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
- iii) No. of Scheduled Caste Children (0-6 yrs.) receiving SNP
- Boys Girls
- iv) No. of Scheduled Tribe Children (0-6 yrs.) receiving SNP
- Boys Girls
- v) No. of Scheduled Caste Pregnant & Nursing Mothers receiving SNP
- vi) No. of Scheduled Tribe Pregnant & Nursing Mothers receiving SNP

(C) Kishori Shakti Yojana

	In village/ block	enrolled/ selected for KSY	benefited during the month
i) No. of Adolescent Girls	□□□□	□□□□	□□□□

< < ===== During Current Financial Year ===== >>

(In Rupees)

Amount received	Expenditure made	Balance available
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ii) Amount □□□□□□□□□□ □□□□□□□□□□ □□□□□□□□□□

(D) Pradhan Mantri Gramodaya Yojana (PMGY)

PHYSICAL

i) No. of ICDS Projects with PMGY □

ii) No. of ICDS Projects with PMGY □□□

iii) Nutritional Status of Children :
No. of Children

Given take	Weighed	normal	Gr-I	Gr-II	Gr.-III	Gr.-IV
Home food						
Supplementary						

Below 3 years

a. Girls

□□□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□□□

b. Boys

□□□□□□□□□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□□□

Age 3-6 years (for Project/ State authorised to implement PMGY for 3-6 years)

c. Girls

□□□□□□ □□□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□ □□□□□□

d. Boys

□□□□□□ □□□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□ □□□□□□

FINANCIAL

iv) << ===== During Current Financial Year ===== >>

(In rupees)

Opening Balance	Amount received	Expenditure made	Balance available
□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□

PART-B

(Administration & Coordination)

				Trained	
	Sanctioned	In-position	Vacant	Job	Ref
17.	Appointments :				
	i) CDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii) ACDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iii) Supervisors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	iv) AWWs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	v) Helpers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Ministerial				
	vi) Statistical Asst.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	vii) Sr. Clerk/Account	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	viii) Jr. Clerk/Typist	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	ix) Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	x) Peon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	No. of joint meetings of Health and non-health staff organised by CDPO <input type="checkbox"/> <input type="checkbox"/>				
19.	Funds received by CDPO for – POL (Yes-1 / No-0) <input type="checkbox"/>				
	- Other expenditure (Yes-1 / No-0) <input type="checkbox"/>				
20.	Problems faced in Project Implementation (1 for Yes , 0 for No)				
	a) Non-availability of Funds			<input type="checkbox"/>	
	b) Irregular Food Supply			<input type="checkbox"/>	
	c) Non-availability of Medicine			<input type="checkbox"/>	
	d) Non-availability of Medicine kit			<input type="checkbox"/>	
	e) Non-availability of PSE material			<input type="checkbox"/>	
	f) Irregular Health Check-up			<input type="checkbox"/>	
	g) Irregular Immunisation			<input type="checkbox"/>	
	h) Apparatus not in working condition			<input type="checkbox"/>	
	i) Any other (Specify) _____				
21.	Project level supplies	Received	<u>Received earlier</u>		
	(Yes-1 , No-0)	during the	in working	needs	
		month	condition	replacement	
	a) Jeep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Mopeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d) Cycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e) Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f) Duplicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g) Slide Projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h) Film Strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i) Weighing Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j) Weighing Trousers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	k) Growth Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	l) Nested Beaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date :

(Signature of CDPO) _____

Name of CDPO _____