

(FILLED UP FORM SHOULD BE SUBMITTED TO AUTHORISED PERSONS ONLY)

Form 4

MONTHLY RECORD OF BENEFICIARIES UNDER PMMVY

(TO BE MAINTAINED IN THE FORM OF REGISTER AND BE FILLED-IN EVERY MONTH FOR ALL BENEFICIARIES BY THE RESPECTIVE FIELD FUNCTIONARY)

(COPY OF THIS REPORT WILL BE THE MONTHLY PROGRESS REPORT (MPR) by AWW/ASHA/ANM- refer to Annexure B & C)

REGISTER FORMAT FOR RECORDING BENEFICIARY DETAILS FOR THE REPORTING MONTH

1. Date of Opening of Register: _____/_____/_____
2. Reporting Month and Year: _____/_____
3. Anganwadi Centre name*: _____
4. Anganwadi Centre Code*: _____
5. Approved Health Facility*: _____
6. Village/Town Name*: _____
7. Village Code (LGD Code)*: _____
8. Anganwadi Worker / ASHA / ANM Name*: _____
9. Post Office Name: _____
10. Name of Supervisor / ANM: _____
11. Project/health Block Name: _____
12. District*: _____
13. State/UT*: _____
14. Date of submission to Supervisor/ANM: _____/_____/_____
15. Date of submission to CDPO/MO: _____/_____/_____

Signature of AWW/ ASHA /ANM _____

Signature of Supervisor/ANM _____

(TO BE USED BY AUTHORISED PERSONS ONLY)

Abstract of the Month:

MONTH: _____	
Year: _____	
Number of Pregnant Women (P)	Number of Lactating Women (L)
P1	L1
P2	L2
P3	L3
P4	L4
P5	L5
P6	L6
P7	
P8	
P9	
Total P: _____	Total L: _____
Grand Total (P+L): _____	