

State Name:

## **NATIONAL DEWORMING DAY- AUGUST 2018**

## **ASHA - STANDARD REPORTING FORMAT**

**District Name:** 

- \* Please fill in all the details below and do not leave any box unfilled.
- \*\* ASHA will collect information about unregistered and out-of-school children to mobilize them for National Deworming Day and also update on their deworming status

Block Name:		Sub-centre Name:		village Name:							
Project Name:		Name of <i>Anganwadi</i> Centre (AWC):		AWC Code:							
Name of the ANM:											
Details of Unregistered and Out-of-School Children											
S. No.	Name of the child	Father's Name	Mother's Name Age (in completed years)		Dewormed (Yes/No)						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Details of Unregistered and Out-of-School Children									
S. No.	Name of the child	Father's Name	Mother's Name	Age (in completed years)	Dewormed (Yes/No)				
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
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42									
43									
44									
45									
(Name and signature of ASHA) -									
(Name and Signature of AWW) -									
You may call up State/District/Block Office - (Name:/									
Phone:									