

Annexure 1

Name		Gender: Male / Female	Village / City	School:	AWC: Only for out of school girls								Date of starting							
Class / Age	Deworming		Weekly Iron Folic Acid Tablets																	
	Date of 1st Dose	Date of 2nd dose	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov.	Dec						
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4
			1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4	1 3	2 5	2 4

Note: There is a provision for noting the consumption of 5th tablet of IFA represented by the 5th circle in the event there is a fifth week in the month