

FORMAT FOR SENDING IFA MONTHLY REPORT

Name Of District:		Block:		Village/Town:	
Name of School:		No. of Classes(6th-12th)		Reporting Month:	
Total No. of 6th-12th Class Students:		Girls:		Boys:	
Total No. of Teachers teachers 6th-12th:		No. of Non Teaching and Class IV			
Opening stock of IFA:			Date of supply of IFA Tablets in School:		
Quantity of IFA received:			Batch No. and date of Expiry of IFA		
Population Covered in Reporting Month	Girls	Boys	Teachers+Helpers	Total	
Given 4 IFA tablets per Month (5 in case of 5 week)					
Students with mild/severe anemia referred:					
Total no. of IFA Consumed by the Students:			Total No. of IFA Consumed by Teachers+Helpers:		
Balance Of IFA Tablets:					

Principal/Heamaster

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Dy. Director Higher Education
Shimla-I, Distt Shimla

Endst. No. Shiksha.Sml(1-5)B(2)-12/2015-Smc dated Shimla-171001

Copy Forwarded to:

1. The Director of Higher Education Shimla-w.r.t their Endst. No. as above dated 14.03.2017.
2. The All the Principals GSSS in Distt Shimla for further necessary action.
3. Guard file

Deputy Director Higher Education
Shimla-I Distt-Shimla