

Office of The Deputy Director Higher Education, District Shimla, Shimla-1
Website: ddheshimla.com | Tel (Fax) 01772804710 | ddheshimla@rediffmail.com

No. Shiksha- Sml/5-4(WIFS)/2012-13

Dated:

To

All the Principal/ Headmaster,
GSSS / GHS of District Shimla H.P.

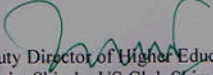


Sub: Regarding Submission of Monthly Report of weekly Iron Folic Acid Supplementation (WIFS)

Memo,

Consequent upon the meeting of District Task Force for immunisation was held on under the Chairmanship of Dy. Commissioner Shimla cum Chairman DTFI Shimla on dated 22-03-2017 regarding implementation of weekly Iron Folic Acid Supplementation (WIFS). It was brought in the notice of undersigned that Heads of Govt. Senior Secondary Schools and High schools are not sending monthly reports of weekly Iron Folic Acid Supplementation (WIFS) regularly.

Therefore, you are, directed to send the monthly reports of weekly Iron Folic Acid Supplementation (WIFS) of your school on prescribed format to the office of undersigned on or before 3rd of every month so that consolidate monthly report could be sent to quarter concerned in time. The specimen format of monthly report is attached with the letter as annexure-A. Kindly send the report through mail as well as hard copy.


Deputy Director of Higher Education,
District Shimla, US Club Shimla-1

Endorsement No. Even, Dated: Shimla-1, the _____

Copy to the following for information, please:

- 1 The Director of Higher Education Himachal Pradesh Shimla -1.
- 2 The Dy. Commissioner Shimla cum Chairman DTFI Shimla-1
- 3 The Chief Medical Officer District Shimla.

Deputy Director of Higher Education,
District Shimla, US Club, Shimla-1

FORMAT FOR SENDING IFA MONTHLY REPORT

| | | | |
|---|--|------------------|---------------------------|
| Name Of District: | Block: | Village/Town: | |
| Name of School: | No. of Classes(9th-12 th) | Reporting Month: | |
| Total No. of 9 th -12th Class Students: | Girls: | Boys: | |
| Total No. of Teachers teachers 9 th -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