Proforma - I

Name of the Hospital/Dispensary:

Sl. No.	Name	DOB	Gender	Aadhar No.	Mobile No.	Home Address	Village Name	Block Name	District Name	State Name	Pin Code	Diagonosis	Services Provided		Date
													Medicines	Advice	
													Please type Yes/No		

1. Total No. of beneficiaries benefited:

2. Total No. of Aadhar seeded beneficiaries:

3. Total No. of beneficiaries having Mobile Number:

Note: Please prepare the data in excel format.

Sd/- Dr.A. Rajender Reddy,
Director I/c.

//Forwarded by Order//

Programe Manager

Proforma - II

MONTHLY STATUS REPORT OF PATIENTS WITH RESPECT TO AYUSH HOSPITALS

Name of the Hospital: Status as on: 31/XX/2017

Sl. No.	District	Location of Hospitals	No. of patients attended (During the Month)	Gender		Age Group			Common diseases reported	Total No. of Aadhar seeded beneficiaries	Total No. of beneficiaries having Mobile Number	Name of the Doctor	MO's Mob. No.	Remarks
				No. of Male	No. of Female	Below 16	Between 16 and 60	Above 60						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Note: 1. Please furnish O.P and I.P data seperately.
           2. The data for this proforma should be taken from Proforma - I
           3. Please furnish the information in above format during the monthly review meeting or by 5th of every month.

Sd/- Dr.A. Rajender Reddy,
Director I/c.

//Forwarded by Order//

Programe Manager

Proforma - II

MONTHLY STATUS REPORT OF PATIENTS WITH RESPECT TO AYUSH DISPENSARIES

Name of the Dispensary:

Status as on: 31/XX/2017

Sl. No.	Name of the Dispensary & District	Location	Co- located to PHC/CHC/Area Hospital/ DH/ Independent	System (Ayur/ Homoeo/ Unani/ Naturo)	No. of patients attended (During the Month)	Gender		Age Group			Common diseases reported	Total No. of Aadhar seeded beneficiaries	Total No. of beneficiaries having Mobile Number	Name of the MO	MO's Mob. No.	Remarks
						No. of Male	No. of Female	Below 16	Between 16 and 60	Above 60						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Note: 1. The data for this proforma should be taken from Proforma - I

2. Please furnish the information in above format during the monthly review meeting or by 5th of every month.

Sd/- Dr.A. Rajender Reddy,
Director I/c.

//Forwarded by Order//

Programe Manager