

Adolescent

Ph. : 2553-2909/2563-4457
Fax : 2553-1487

Office of
The Municipal Councillors
of Panihati
PANIHATI, KOLKATA - 700 114

From : Sri Charan Chakraborti
Chairman,

Memo No : PM/ Genl/ Health/ 10-11/ 72

Dated :

To
The Project Manager, C.M.U,
Ilgus Bhaban, Sector -II
Bidhan Nagar
Kolkata - 700 106.



Sub : Approval for running the Adolescence Health Care Programme in Panihati Municipality.
(Year 2010-2011).

Sir,

It may be intimated that we have been running the Adolescence Friendly Clinic in this Municipal area. We wish to continue the same for the year 2010 - 2011 for which AA & FS may kindly be accorded considering our requirement as given below for the purpose.

In this context, we may inform you further for arranging training for another 500 Adolescent Girls in this year in Batches.

An early action is solicited.

Fund required :-

1. 48 nos Adolescent Friendly Clinics :-	Rs. 19,200=00	} 1,69,200/-
2. Drugs	:- Rs. 1,50,000=00	
* 3. Training for 20 Batches	:- Rs. 77,000=00	X
<hr/>		
Rs. 2,46,200=00		

Yours faithfully,

Chairman
Panihati Municipality.

Ph. : 2553-2909/2563-4457
Fax : 2553-1487

Office of

The Municipal Councillors
of Panihati

PANIHATI, KOLKATA - 700 114

From : Sri Charan Chakraborti
Chairman,

Memo No : PM/Genl/HeHh/10-11/173

Dated : 23-4-10

To
The Project Manager, C.M.U,
Ilgus Bhaban, Sector -II
Bidhan Nagar
Kolkata - 700 106.

Sub : Progress report in connection with Adolescence Health Care Programme under Health
Component of KUSP in respect of Panihati Municipality.

Ref :- your Office Memo No-CMU-94/2003 (PT VII)/46 Dt. 8.4.2010

Sir,

With reference to above, the progress Report of Adolescence Health Care Programme as implemented up to 31.3.2010 including that of the Adolescence Friendly Clinics in respect of Panihati municipality are furnished below as per proforma supplied and as asked for in the memo under reference.

a) Physical Report up to 31.3.2010 :-

Total no of Adolescence Trained	Date of Establishment of Adolescence Family Clinic	Total no of Adolescence Friendly Clinces held
500	October,2009 (10.10.2009)	24

b) Financial Report up to 31.3.2010 :-

AA & FS accorded	Actual expenditure incurred	Expenditure booked & Submitted to the accounting support Agency
Rs. 3,38,000/-	Rs.2,86,600/-	Rs.3,36,600/-

Yours faithfully,

Chairman
Panihati Municipality.

No. 284/ MC-11

Office of the Board of Councillors
NAIHATI

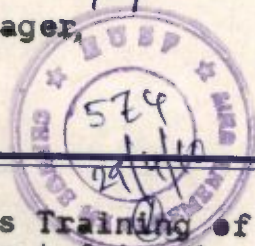
Phone : 2581-2098

From :
Smt. Shila Bhoumick

Dated 24/3/2010

Chairman / Vice-Chairman
NAIHATI MUNICIPALITY

To,
The Project Manager,
KUSP/CMU,
Salt Lake,
Kolkata.



Sub : Approval for Awareness Training of adolescents & adolescent friendly clinic for Fy 2010 - 2011.

Sir,

This is to inform you that we have completed the above programme for FY 2009 - 2010. Kindly allow us the AA & FS for the same for FY 2010 - 2011 at the earliest so that we can continue the programme without any interruption.

Thanking You.

Yours faithfully
Shila Bhoumick
24. 3. 10
Vice-Chairman
Naihati Municipality
Vice-Chairman
Naihati Municipality

Health Exmt.
h
29/4/10

(2009-10) AAZFS Record.
Exp. Inc. 1,80,000
AAZFS 1,42,763
AAZFS 37,237
AAZFS 124
AAZFS 90,000
AAZFS 2010-11

Med. 150000/-
Med. Exp. 19200/-
169200

No. 242/mc-11
Office of the Board of Councilors,
Naihati

Phone: (033) 2508 2098
Dated: 28/04/2010

From,
SMT. SHILA BHOUMICK,
Vice-Chairman

NAIHATI MUNICIPALITY

To,
THE PROJECT MANAGER,
C.M.U.
Ilgus Bhavan, H.C. Block,
Bidhan Nagar,
Kolkata - 700 106

Sir,

I am sending herewith the Progress Report in connection with Adolescent Health Care Programmed under Naihati Municipality.

a) Physical Report up to 31.03.2010

Total No. of Adolescents Trained	Date of Establishment of Adolescent friendly clinic	Total No. of Adolescent friendly clinic held
500	5, 7, 12, 14, 19, 21, 28, Jan - 2010 2, 4, 9, 11, 16, 18, 23, 25, Feb - 2010 4, 9, 11, 18, 25, Mar - 2010	20

b) Financial Report up to 31.03.2010

AA & FS accorded	Actual Expenditure incurred	Expenditure booked & submitted to Accounting Support Agency
180,000/-	114,763/-	114,763/-

Thanking you

Yours faithfully,

Shila Bhoumick
28. 4. 10

Vice Chairman
Naihati Municipality
VICE CHAIRMAN
NAIHATI MUNICIPALITY



Office of the

MADHYAMGRAM MUNICIPALITY

P.O. : Madhyamgram, Dist. : North 24 Parganas

Kolkata - 700129

Phone : 2538-3683 (Direct)

2538-2664 / 0203

Fax : 2538-6442

Ref. No. M.M./Ho./812/10-11

Date 29-4-2010

Dr. Kallol. Kr. Mukherjee,
Project Manager, CMU
K.U.S.P. ILAUS BHAWAN. SALT LAKE

Sub: Continuation of Adolescent Friendly Clinic

Sir, Ref: your communication bearing no. CMU-94/2003
(Pt - VII) / 42/4687 - 6.4.2010

- 1) Actual Expenditure incurred for the year 2009-10, is 2,78,600/-
- 2) Total no of Adolescent trained is 498
- 3) Date of Establishment of Adolescent Friendly clinic is 6.3.2010
- 4) Total no Adolescent friendly clinic held upto 31.3.2010 - Four
- 5) Financial support given for Rs, 3,38,000/-
- 6) Item Wise cost estimates for continuing Adolescent Friendly Clinic during the F.Y. 2010-11

- a) Medicine (Drug) (Rs 4000 X 12) Rs 48,000 ✓
- b) Fees for Medical Professional (44 X 200) Rs 8,800 ✓
- c) Stationeries and contingent expenses (44 X 200) Rs 8,800 ✓
- d) Haemoglobin Estimation (Rs 10/- X 12,00) Rs 12,000 ✓

We shall be highly obliged if you please record and order for administrative Approval & financial sanction.

Thanking you,

Yours faithfully,
Dr. Chandan Chatterjee
Health Officer

Madhyamgram Municipality

North 24 Parganas



Office of the

MADHYAMGRAM MUNICIPALITY

P.O. : Madhyamgram, Dist. : North 24 Parganas
Kolkata - 700129

Phone : 2538-3883 (Direct)

2538-2664 / 0203

Fax : 2538-6442

Ref. No. XX/No./212/10-11

Date 29-4-2010

Dr. Kallol. Kr. Mukherjee,
Project Manager, CMU
K. U. S. P. ILAUS BHAWAN. SALT LAKE

Health Exmt.

Sub: Continuation of Adolescent Friendly Clinic

Sir, Ref: your communication bearing no. CMU-94/2003
(Pt - VI) 14/2/10 dt. 6.4.2010

- 1) Actual expenditure incurred for the year 2009-10, is 2,78,600/-
- 2) Total no of Adolescent trained is 498
- 3) Date of Establishment of Adolescent Friendly clinic is 6.3.2010
- 4) Total no Adolescent friendly clinic Rd upto 31.3.2010 - Four
- 5) Financial support given for Rs, 3,38,000/-
- 6) Item wise cost estimates for continuing Adolescent Friendly Clinic during the F.Y. 2010-11

a) Medicine (Drug) (Rs 4000 X 12)	Rs 48,000
b) Fees for Medical Professional (44 X 200)	Rs 8,800
c) Stationeries and contingent expenses (44 X 200)	Rs 8,800
d) Haemoglobin Estimation (Rs 10/- X 12,00)	Rs 12,000
<u>Rs 77,600/-</u>	

We shall be highly obliged if you please record and order for Administrative Approval and financial sanction,
Thanking you,

Yours Faithfully
Dr. Chandan Chandra
Health Officer
Madhyamgram Municipality
- North 24 Parganas

F.S. Required = RS. 77,600/- (2010-11)

AA-2 FS accorded Fy. (2009-10) = RS. 3,38,000
Total Expenditure incurred
for training 2 Four no of
clinics. = RS. 2,78,600

FS may be accorded Rs. (77,600/- - 59,400/-) = RS. 18,200/-

✱

Office of the Municipal Councillors
Bhadreswar, Hooghly

Memo No: Health/2462.

Date-04 / 04 / 2011

From: Health Officer
Bhadreswar Municipality



To: The Project Manager,
CMU

Sub: Implementation of Adolescent Health Care Programme -
Implementation of Adolescent Health Clinic
Vide memo no-CMU-94/2003(Pt. VIII)/339(16)

Sir,

This is to inform you that I am hereby sending monthly reports form October10 to March 11 according to the given format for your information & necessary action.

Yours truly,

Free
04/04/11
Health Officer
Bhadreswar Municipality

Enclosed – Monthly report of October10 to March 11.

Shilpa Das

Reporting format for Adolescents' Friendly Clinics

Bhadravara... Municipality

For the Month of ...*March*...*2011*....

No. of Adolescents	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Nature of ailments				
				Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
20	<i>Always</i> 20	2	0 1					

Sagunbagan-4 0 4 0 0 0 0 0 0
 Sakhas M-7 0 7 0 0 0 0 0 0
 N.S. Road-3 0 3 0 0 0 0 0 0
 Digkha-6 0 6 0 0 0 0 0 0

Signature of HO / AHO

[Signature]
28/3/11

[Signature]

Reporting format for Adolescents' Friendly Clinics

Bhabhansota Municipality

For the Month of February 2011

No. of Adolescents				Nature of ailments						
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological		Mental		GI	Anae- mia	Others (Specify)
16	Advised 16	12	2			13	1		3	2

Segambayan - 4
Sankhamadevi - 12
N.S. Road - 0
Dighra - 4

4
8
0
4

0
1
0
0

1
10
0
3

Signature of HO/AHO
- 28/2/11



Reporting format for Adolescents' Friendly Clinics

Bhadravara Municipality

For the Month of January 2011

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb					
				Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
14	1	0	0	3	7	0	1	3
Bogunbagero Subham - 7 S.P.R. Vill - 1 H.A.U - 2 - 6	0 0 1 0	0 0 - 0	0 0 - 0	0 1 - 2	0 3 1 3	0 0 - -	0 0 - 1	0 3 1 1


HO/AHO

.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Bhadrasara... Municipality

For the Month of December 2010



No. of Adolescents				Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Nature of ailments					
				Psychological	Mens-tural	GI	Anaemia	Others (Specify)	
1	0	1	-	-	2	1	1	2	
0	0	0	0	2	6	0	3	5	
0	0	0	0	0	0	0	0	0	
22	1	1	0	2	8	1	4	7	

SH
AHO

.....
Signature of HO/AHO

Reporting format for Adolescents' Friendly Clinics

Bhadrasana... Municipality

For the Month of ... October ... 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological,	Mens-tural	GI	Anaemia	Others (Specify)
2 clinic 1 patient								



Signature

Signature of HO / AHO

Phone No. :- (033) 2551 - 2743
2549 - 8388

Memo No: SDDM/Health/ 105 /11-12

Office of the Councillors of South Dum Dum Municipality
Nager Bazar, Kolkata - 700 074

Date: 8.4.2011

To
The ~~Project~~ Director,
~~CMU, KUSP, SUDA~~
Salt Lake,
Kolkata.



Sir,

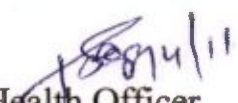
Sub : Monthly Report on Adolescent Friendly Clinics
March, 2011.

Please find herewith details report on Adolescent Friendly Clinic for the
Month of March, 2011.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,


Health Officer.
Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

For the Month of *March 2011*

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)
148	—	—	—	3	79	13	26	women - 11 Appendicitis - 1 Asthma - 1 URTI - 8 UTI - 3

Poorvia - 3

.....

 Signature of HO / AHO

Health Officer
 South Dum Dum Municipality



Reporting format for Adolescents' Friendly Clinics

Serampore Municipality

For the Month of January, 11



A. S. Mondal
10.2.11

A. S. Mondal
10.2.11

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
42	38	31	11	-	20	12	8	Weakness - 2

.....
Signature of **A. S. Mondal**
Asst. Health Officer,
Serampore Municipality

A. S. Mondal
10.2.11

Reporting format for Adolescents' Friendly Clinics

Seyyambore..... Municipality

For the Month of ..February'11..

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
60	54	45	15	-	38	15	7	Weakness- NIL

Signature of HO / AHO

Dr. C. C. M. Indal
 Lecturer
 Government Medical College
 Seyyambore Municipality

Phone No. :- (033) 2551 - 2743
2549 - 8388

Memo No: SDDM/Health/314 /10-11

Office of the Councillors of South Dum Dum Municipality
Nager Bazar, Kolkata - 700 074



Date: 14.2.2011

To
The Project Director,
CMU, KUSP,
Salt Lake,
Kolkata.

Sir,

Sub : Monthly Report on Adolescent Friendly Clinics
January, 2011.

Please find herewith details report on Adolescent Friendly Clinic for the Month of January, 2011.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

[Signature] 14/2/11
Health Officer.
Health Officer
South Dum Dum Municipality

- ① Updated - Kanuhi' Ado.
- ② ~~RI.~~
- ③ ~~South Dum Dum - 01/02/11~~
- ④ ~~Hoagly - 24/2/11~~
- ⑤ ~~Kalyani - Revised letter, 01/02/11~~
- ~~Uttara - " " 01/02/11~~

[Signature] 21-2-11

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

For the Month of January 2011

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
152	42	42	26	-	101	9	26	Worms - 5 ARI - 2 Syphilis - 2 Malaria - 1 SSM - 2

Signature of HO / AHO

Health Officer

South Dum Dum Municipality

Dental Clinic - 4
Total 16

Reporting format for Adolescents' Friendly Clinics

.....*Searanpore*..... Municipality

For the Month of ...*December*'*10* *5.79*

No. of Adolescents				Nature of ailments				
Attended the clinic.	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho-logical	Mens-tural	GI	Anae-mia	Others (Specify)
<i>55</i>	<i>50</i>	<i>40</i>	<i>10</i>	<i>—</i>	<i>28</i>	<i>9</i>	<i>12</i>	<i>Weakness - 6</i>

1/No
12/01/11
29.No
669

.....
Pr. C. C. Mondal
Asst. Health Officer
Searanpore Municipality.
 Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

.....*Kannur*..... Municipality

For the Month of*January*' 11

Amal
21.3.11



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)
300	<i>Not done</i>			10	120	82.	10	<i>Wk to discharge</i> <i>- Vachyo</i> <i>- over weight</i> <i>etc.</i>

[Signature]
15/9/11

Health Officer
Kannur Municipality

.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

.....*Kennepal*..... Municipality

For the Month of*Feb' 11*.....



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anemia	Others (Specify)
350	<i>Not done</i>			10	160	120	15	<i>White discharge - Vachya - over weight - skin discolouring etc.</i>

[Signature] 15/3/11
Health Officer
*Kuvempu*.....
 Signature of HO / AHO

Reporting format for
Adolescents Friendly Clinics

KANCHRAPARA MUNICIPALITY

For the Month of Feb/11



Arinban
22.3.11

No. of Adolescents								
Attended the clinic	Hb% estimated	Report for Hb% obtained	having less than 12 gm% Hb	Nature of ailments				
				Psycho-logical	Menstrual	GI	Anaemia	Others (Specify)
30	-	-	-	-	12	-	15	3

Arinban

Arinban
11.3.11

Signature of Health Officer
Health Officer
KANCHRAPARA MUNICIPALITY

Reporting format for
Adolescents Friendly Clinics

KANCHRAPARA MUNICIPALITY

For the Month of Jan/11

No. of Adolescents								
Attended the clinic	Hb% estimated	Report for Hb% obtained	having less than 12 gm% Hb	Nature of ailments				
				Psycho-logical	Menstrual	GI	Anaemia	Others (Specify)
40	-	-	-	-	13	-	23	4

Element

brhii
11-3-11

Signature of Health Officer

Health Officer
KANCHRAPARA MUNICIPALITY

[Handwritten mark]

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

For the Month of February!!



Amrita
21.3.11

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
138	42	42	22	-	66	16	22	Worm - 18 RT9 - 8 Nutritional - 4 Deficiency Skin infection 4 34

Signature of HO/AHO
Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

HALISAHAR..... Municipality

For the Month of November-2010.....

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having 11 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
144	0	0	0		104	17	20	Pueo-3

[Signature]

 30.11.2010
 Signature of HO / AHO

Health Officer
 HALISAHAR MUNICIPALITY



Reporting format for Adolescents Friendly Clinics

HALISAHAR.....Municipality

For the Month of December-2010

No. of Adolescents				Nature of ailments					
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 11 gm % Hb	Psycho-Logical	Mens-tural	GI	Anae-mia	Others (Specify)	
227	0	0	0	09	171	11	26	Puc-10	

[Signature]
31.12.2010

.....
Signature of HO / AHO

Health Officer
HALISAHAR MUNICIPALITY

[Signature]

Amben
3.1.11

PANIHATI MUNICIPALITY
Office Of the Health Department
PANIHATI, NORTH 24 PARGANAS

From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / AHC /126/ 10 - 11

Date:- December 21, 2010

To,
The Project Manager , CMU
ILGUS BHAVAN, Sector-3, Bidhan nagar
Kolkata- 700 106



Subject: Report of 2 (Two) "Adolescent Health Clinics" in Panihati Municipality for the Month of OCTOBER 2010 and NOVEMBER 2010.

Sir,

Enclosed please find here with reports of 2 (Two) "Adolescent Health Clinics" in Panihati Municipal area as per guidelines in Formats .

This is for favour of kind information and necessary action please.

Yours faithfully,

21 *12/10*
Health Officer, Panihati Municipality

PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

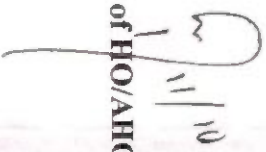
From: The Health Officer
Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of October 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify) Skin, ARI etc.
145	25	22	22	0	10	15	22	53

Signature of HO/AHO


11/10



PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARAGANAS

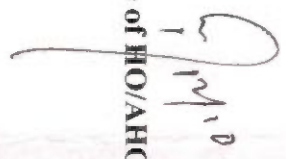
From: The Health Officer
Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of November 2010

No. of Adolescents				Nature of ailments						
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify) Skin, ARI etc.		
132	28	10	10	0	5	8	10	26		

Signature of H/O/AHO



মহেশতলা পৌরসভা

পৌরপরিষদ কার্যালয়

পো : মহেশতলা, জেলা : দক্ষিণ ২৪ পরগণা, পিন : ৭০০১৪১

দূরভাষ : ২৪৯০-২২৮০, ২৪৯০-১৬৫১, ২৪৯০-৩৩৮৯

পত্রাঙ্ক — 7053/IVB/MM/04

তার — 30.12.10



To,

The project Manager, C.M.U.
ILGUS Bhawan.
HC Block, Sector-3
Bidhannagar, Kot-700106.

Dr. Goswami
for perusal. H.
3.1.11.
A. H. O.
4.1.11.

Sir,

Sending monthly reports of
Adolescents Friendly Clinics of Maheshtala
Municipality for the months September '10
to December 2010.

Kelasis Haldar

30.12.10

A-H-O

Reporting format for Adolescents' Friendly Clinics

...*Maheshwari*... Municipality

For the Month of ...*September*...

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens- tural	GI	Anae- mia	Others (Specify)
				64	45	45	34	X	24	5	23	12 ARI, UTI, Leucorrhoea

.....*Maheshwari*.....
Signature of HO/AHO



Reporting format for Adolescents' Friendly Clinics

..Nakuru, Kenya... Municipality

For the Month of ... October 2010 ...

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)
				25	20	20	15	1	10	4	7	3 ARR

.....
Signature of HO/AHO

Reporting format for Adolescents' Friendly Clinics

..Makurda.. Municipality

For the Month of November 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
60	50	50	31	2	23	12	20	3 Learners

.....
Signature of HO/AHO

Reporting format for Adolescents' Friendly Clinics

...Mulshiktaba... Municipality

For the Month of ...December... 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
70	50	50	32	X	20	15	20	15 ARI, UTI Lower respiratory

.....
Signature of HO/AHO

[Signature]

Health Officer
Tondiarpet Municipality



Ambar,
5.1.11



HELP LINE : 12666

DIAL : 2683 5297 / 2562 / 6706

FAX : 2683 5068

E-mail : chandernagorecorporation@yahoo.co.in

Website : www.chandernagore.org

CHANDERNAGORE MUNICIPAL CORPORATION, WEST BENGAL (INDIA) PIN - 712 136

No. VII/Adlc./10-11/ 03

Date- 03.01.11

From: Health Officer

To
The Health Expert,
C.M.U, K.U.S.P.
Ilgus Bhaban, H.C Block,
Sector-III, Salt-lake City,
Kolkata-106



Sub. :- Reporting of Adolescent friendly clinic from April'10 to Dec.'10

Madam,

I am submitting the Report of Adolescent friendly Clinic which is held at Student Health Home, Chandernagore branch from April'10 to Dec.10.

This is for your kind information please.

Yours faithfully

Sandip Ghosh

Health Officer

Chandernagore Municipal Corporation

Health Officer
Chandernagore Municipal Corporation






**Reporting format for
Adolescents friendly Clinics
Chandernagore Municipal Corporation**

For the Month of March, 2010

Total Nos. of Clinic Held during the period - 04 days.

										Total
M O N T H	Attened the Clinic	Hb% estimatd	Report forHb% obtained	having less than 11 gm% Hb	Psycho logical	Mens tural	G I	Anaemia	Others (Specify)	
APRIL 2010	13	.....	.....	.....	.....	2	9	8	6 PID/Ch. PID	25
MAY-2010	13	.....	.....	.....	.....	4	13	9	8 PID/Ch. PID	34
JUNE-2010	14	.....	.....	.....	.....	2	8	8	9 PID/Ch. PID	27
JULY-2010	15	.....	.....	.....	.....	2	5	13	8 PID/Ch.PID	28
AUGUST-2010	11	.....	.....	.....	.....	1	0	7	7 PID/Ch. PID	15
SEPTEMBER- 2010	15	.....	.....	.....	.....	0	0	7	11 PID/Ch PID	18
OCTOBER- 2010	8	.....	.....	.....	.....	0	0	5	5 PID/Ch. PID	10
NOVEMBER- 2010	13	.....	.....	.....	.....	0	0	12	4 PID/Ch. PID	16
DECEMBER- 2010	10	.....	.....	.....	.....	0	1	5	5 PID/Ch. PID	11
TOTAL =	112					11	36	74	63	184


Health Officer
Chandernagore Municipal
Corporation

Reporting format for Adolescents' Friendly Clinics

Serampore Municipality

For the Month of November, 10

Handwritten: 01.11.10



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
60	45	30	15	—	30	6	24	—

Signature of HO / AHO

Dr. C. C. Mandal
Asst. Health Officer
Serampore Municipality

Reporting format for Adolescents' Friendly Clinics

Serampore Municipality

For the Month of October, 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mensutural	SI	Anaemia	Others (Specify)
40	35	15	20	1	18	4	18	known - 1 mentally unstable - 1

Signature of HO / AHO

Sd/-
 Sr. C. C. M. Datta
 Sr. Health Officer
 Serampore Municipality

Reporting format for Adolescents' Friendly Clinics

Seswipore Municipality

For the Month of September '10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mensual	GI	Anaemia	Others (Specify)
52	40	23	17	-	25	7	14	Medicines - 2

Signature of HO/AHO

[Signature]
 G. C. Prasad
 Medical Officer
 Seswipore Municipality

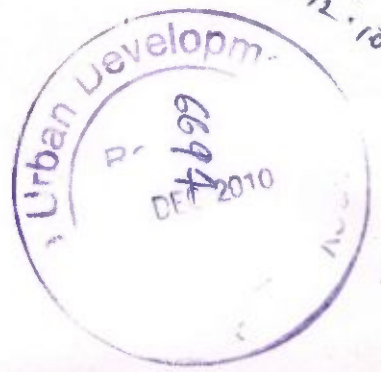
[Signature]

Reporting format for
Adolescents Friendly Clinics

Budge Budge Municipality

For the Month of Nov/2010

A. Weber
9.12.10



No. of Adolescents	Having Less than 12 gm % Hb	Nature of ailments						
		Psychological	Mens-tural	GI	Anaemia	Others (Specify)		
181	15	67	62	—	17	33	15	30 <i>miscellaneous</i>

Prasad

Signature of HO / AHO
Health Officer
Budge Budge Municipality



Reporting format for Adolescents Friendly Clinics

HALISAHAR Municipality

For the Month of OCTOBER-2010

11.10.2010.

A. Subbar
12.11.10



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
199	00	00	00		187	07	2	Skin-2 Worm-1

[Signature]
Health Officer
HALISAHAR MUNICIPALITY

.....
Signature of HO / AHO

[Signature]

**Office of the Municipal Councillors
Bhadreswar, Hooghly**

Memo No: Health/7899



Date-01/11/2010

From: Health Officer
Bhadreswar Municipality

To: ~~Dr. Kallol Kr. Mukherjee~~
Project Manager, CMU

Sub: Implementation of Adolescent Health Care Programme -
Implementation of Adolescent Health Clinic
Vide memo no-CMU-94/2003(Pt.VIII)/339(16) dated 4/6/10.

Sir,

This is to inform you that I am hereby sending monthly reports form April 10 to September 10 according to the given format for your information & necessary action.

Yours truly,

[Signature]
01/11/10

Health Officer
Bhadreswar Municipality

Enclosed – Monthly report of Apr- 10 to Sep- 10.

Reporting format for Adolescents' Friendly Clinics

Rhadeswar
..... Municipality

For the Month of *APRIL* - 2010



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
7	5	5	3	1	2		2	

Forwarded to HO
S.S.

Signature
.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Bhadreswar Municipality

For the Month of *MAY - 2010*

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
10	3	3	2	1	4	4	2	

Forwarded to HO
SS

23/05/10

.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Bhadreswar Municipality

For the Month of JUNE - 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
13	10	6	2		4	5	2	



Forwarded to HO



6597110

.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Bhabharia Municipality

For the Month of *JULY-2010*

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
21	13	12	6	2	10	6	6	2

Forwarded to HO
SS
24/08/10
 Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Bhadreswar Municipality

For the Month of *AUGUST* 2010



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)
23	4	2	1	3	10	6	1	2

Fanned J KH

07/09/10

.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Bhadreswar Municipality

For the Month of *SEPTEMBER*-2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)
11	4	2	1		4	3	1	



Forward to HO

24/10/10

.....
Signature of HO/AHO

Phone No. :- (033) 2551 - 2743
2549 - 8388

247
Memo No: SDDM/Health/247-10

Office of the Councillors of South Dum Dum Municipality
Nager Bazar, Kolkata – 700 074

Date: 9.11.10

To
The Project Director,
CMU, KUSP,
Salt Lake,
Kolkata.



HE
RC
25/11

Anilban
16.11.10

Sir,

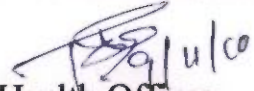
Sub : Monthly Report on Adolescent Friendly Clinics
October, 2010.

Please find herewith details report on Adolescent Friendly Clinic for the Month of October, 2010.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,


Health Officer.
Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

Sanku Duan Duan Municipality

For the Month of *October*.....

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
140	78	78	26	—	66	13	82	Cough & cold - 10 Red urinary - 2 Worms - 11 epilepsy - 1

Signature of HO / AHO

Sanku Duan Duan
Health Officer

South Dum Dum Municipality

Dinner of Hb - 3
Loss of Hb - 2
Total - 29

Anish
18.11.10

HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

Ref. No. 305(H)/10-11

Date- 18.11.2010

To
Project Manager, CMU, KUSP.
ILGUS BHAVAN, H-C BLOCK, Sector-III
Bidhannagar, Kolkata -700091

Sir,

I am sending herewith Month wise Reports of Adolescent Friendly Clinic for the months of September & October, 2010 as per format.

Thanking You,

Yours faithfully,

Reed
18/11/10
Health Officer
Howrah Municipal Corporation




HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY CLINICS

For The Month Of---October,2010

No. of Adolescents				Nature of Ailments				
Attended the Clinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psychological	Menstrual	GI	Anemia	Others (specify)
48	22	22	15	0	25	8	15	0


Health Officer
Howrah Municipal Corporation

Health Officer
Howrah Municipal Corporation



HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY
CLINICS

For The Month of---September, 2010

No. of Adolescents				Nature of Ailments				
Attended the Clinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psychological	Menstrual	GI	Anemia	Others (specify)
67	35	35	18	1	35	13	18	0


18/11/10
Health Officer
Howrah Municipal Corporation
Health Officer
Howrah Municipal Corporation

**Reporting format for
Adolescents Friendly Clinics**

Budge Budge Municipality

For the Month of September/2010



225

Shm. Laha
3-11-10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % Estimated	Report for Hb % Obtained	Having Less than 12 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
205	35	20	09	-	20	35	15	WNLK discharge 30

Prud

Signature of HO / AHO



Health Officer
Budge Budge Municipality

Reporting format for Adolescents' Friendly Clinics

Pandapebode Municipality



For the Month of Oct/2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
132	09	34	12	-	05	15	15	Anaemic disease 20 Dysmenorrhoea 15

Signature of HO / AHO

Signature of HO / AHO

Health Officer
Pandapebode Municipality

Ch...
20/10/10

Shinjalin
20.10.10



HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

Ref. No. 270(H)/10-11

Date- 22.09.2010

To
Project Manager, CMU, KUSP.
ILGUS BHAVAN, H-C BLOCK, Sector-III
Bidhannagar, Kolkata -700091

Sir,
I am sending herewith Month wise Reports of Adolescent Friendly Clinic for the months of April, May, June, July, August, 2010 as per format.

Thanking You,

Yours faithfully,

Sd/-
Health Officer
Howrah Municipal Corporation

HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY CLINICS

For The Month Of----April,2010

No. of Adolescents				Nature of Ailments				
Attended theClinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psycological	Menstrual	GI	Anaemia	Others (specify)
59	28	28	13	1	29	16	13	0

Sd/-
Health Officer
Howrah Municipal Corporation



HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY
CLINICS

For The Month Of----May,2010

No. of Adolescents				Nature of Ailments				
Attended theClinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psychological	Menstrual	GI	Anaemia	Others (specify)
56	29	29	20	0	25	11	20	0

Sd/-
Health Officer
Howrah Municipal Corporation

HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY CLINICS

For The Month Of----June,2010

No. of Adolescents				Nature of Ailments				
Attended theClinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psycological	Menstrual	GI	Anaemia	Others (specify)
61	28	28	23	0	23	15	23	0

Sd/-
Health Officer
Howrah Municipal Corporation



HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY
CLINICS

For The Month of----July, 2010

No. of Adolescents				Nature of Ailments				
Attended the Clinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psychological	Menstrual	GI	Anaemia	Others (specify)
58	31	31	20	0	27	11	20	0

Sd/-
Health Officer
Howrah Municipal Corporation

HOWRAH MUNICIPAL CORPORATION
HEALTH DEPARTMENT
4, MAHATMA GANDHI ROAD, HOWRAH-711101

REPORTING FORMAT FOR ADOLESCENTS' FRIENDLY CLINICS

For The Month Of----August,2010

No. of Adolescents				Nature of Ailments				
Attended theClinic	Hb% estimated	Report of Hb% obtained	Having less than 12 gm% Hb	Psycological	Menstrual	GI	Anaemia	Others (specify)
63	32	32	21	0	29	13	21	0

Sd/-
Health Officer
Howrah Municipal Corporation

Reporting format for Adolescents Friendly Clinics

.....HALISAHAR Municipality

For the Month of SEPTEMBER: 2010.



Halisahar
 20.10.10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 11 gm % Hb	Psycho-Logical	Men-s-tural	GI	Anae-mia	Others (Specify)
142	NIL	NIL	NIL	4	101	16	10	PLUG-9 SK12-2

..... for
 Signature of HO / AHO
 11/10/10
 Health Officer
 HALISAHAR MUNICIPALITY

ATTENTION IS DRAWN TO THE FOLLOWING REPORTING FORMAT FOR
Adolescents' Friendly Clinics

.....*Kharadah*..... Municipality

For the Month of*MAY*.....*10*

No. of Adolescents				Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho-logical	Mens-tural	GI	Anae-mia	Others (Specify)	
<i>39</i>	<i>32</i>	<i>29</i>	<i>20</i>	<i>9</i>	<i>23</i>	<i>6</i>	<i>20</i>	<i>1</i> <i>UTI</i>	

S. S. Saha
 Signature of HO/AHO
 Health Officer,
 Kharadah Municipality

U.O. Anupam
10/10/10
10/10/10

[Handwritten mark]

ATTENTION TO PRESENT CLINICS
Reporting format for
Adolescents' Friendly Clinics

.....*Kharmalash*..... Municipality

For the Month of**JUNE**..... 10

No. of Adolescents				Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho-logical	Mens-tural	GI	Anae-mia	Others (Specify)	
36	28	24	12	6	16	2	12	5 skin / 04,	

.....*[Signature]*.....
 Signature of HO / AHO
 Health Officer
 Khardah Municipality

10/09/10
10/09/10
10/09/10

[Handwritten mark]

ATTENTION TO THE FOLLOWING
Reporting format for
Adolescents' Friendly Clinics

.....*Kharakola*..... Municipality

For the Month of*JULY*..... *10*

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho-logical	Mens-tural	GI	Anae-mia	Others (Specify)
<i>40</i>	<i>30</i>	<i>28</i>	<i>16</i>	<i>8</i>	<i>20</i>	<i>4</i>	<i>16</i>	<i>2</i> <i>Swm/071</i>

.....
 Signature of HO / AHO

[Signature]
 Health Officer,
 Bardah Municipality

M. O. Anup D.
P. Venk. Paul
22/09/18

[Handwritten mark]

ATTENTION TO HEALTH OFFICIALS
Reporting format for
Adolescents' Friendly Clinics

.....*Baranah*..... Municipality

For the Month of*AUGUST*..... *10*

No. of Adolescents				Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho-logical	Mens-tural	GI	Anae-mia	Others (Specify)	
<i>38</i>	<i>24</i>	<i>22</i>	<i>19</i>	<i>4</i>	<i>17</i>	<i>5</i>	<i>13</i>	<i>2</i> <i>5+1</i>	

Signature of HO/AHO

Jeetendra

Health Officer,
 Khairata Municipality

H.O. Anupam
Printed Paid
8/10/10

[Signature]

ATTENTION TO HEALTH OFFICERS
Reporting format for
Adolescents' Friendly Clinics

...Kharadakh... Municipality

For the Month of **SEPTEMBER - 10**

M. C. Anand
 Project Lead
 22/09/10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
18	14	12	9	3	11	2	9	2 (571)

Signature of HO/AHO

Health Officer,
 Kharadakh Municipality

[Handwritten Signature]

Reporting format for Adolescents Friendly Clinics

~~Kanchrapara~~ Municipality

For the Month of SEP/2010

Anshuman
29/10/10



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
10	—	—	—	—	7	7	7	3

~~Anand~~

Signature of HO / AHO
Health Officer
KANCHRAPARA MUNICIPALITY

Anshuman
29/10/10

*

মহেশতলা পৌরসভা

পৌরপরিষদ কার্যালয়

পো : মহেশতলা, জেলা : দক্ষিণ ২৪ পরগণা, পিন : ৭০০১৪১

দূরভাষ : ২৪৯০-২২৮০, ২৪৯০-১৬৫১, ২৪৯০-৩৩৮৯

Amritan
১৭/১০/১০

~~Dr. Gonwami~~
for kind perusal.
11-10-10

পত্রাঙ্ক — 390/IVB/MM/04



তার — 12.10.10

To,
The Project Manager, C.M.U.
ILGUS BHAVAN,
HC. Block, Sector 3,
Bidhanagar, Kol - 700106

Sir,
Sending monthly reports of Adolescents'
Friendly Clinics of Maheshtala Municipality
for the month of July '10 and August '10.

Abhishek Halder
A.H.O.
11.10.10

Reporting format for Adolescents' Friendly Clinics

Mohaxatala... Municipality

For the Month of ... July ... 2010 ...

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb					
				Psychological	Mens-tural	GI	Anaemia	Others (Specify)
46	34	30	28	X	12	10	20	Leucorrhoea Filariodermoma Abrasif

Signature of HO / AHO

BA

Health Officer

Mohaxatala Municipality

Reporting format for Adolescents' Friendly Clinics

..Males & Female..... Municipality

For the Month of ... August ... 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Nature of ailments				
				Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
67	32	30	25	X	27	15	23	Leucorrhoea UTI

.....
Signature of HO / AHO

PANIHATI MUNICIPALITY
Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS



From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / AHC / 92 / 10 - 11

Date:- October 11, 2010

To,
The Project Manager , CMU
ILGUS BHAVAN, Sector-3, Bidhan nagar
Kolkata- 700 106

Subject: Report of 8 (Eight) "Adolescent Health Clinics" in Panihati Municipality for the Month of AUGUST 2010 and SEPTEMBER 2010.

Sir,
Enclosed please find here with reports of 8 (Eight) "Adolescent Health Clinics" in Panihati Municipal area as per guidelines in Formats .
This is for favour of kind information and necessary action please.

Yours faithfully,

11/10/10

Health Officer, Panihati Municipality

PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

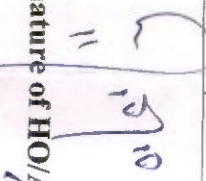
From: The Health Officer
Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of AUGUST 2010

No. of Adolescents				Nature of ailments						
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify) ARI, Skin diseases etc		
122	45	36	29	00	25	49	41	15		

Signature of HO/AHO



PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

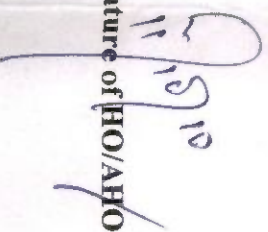
From: The Health Officer
Panihatati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of SEPTEMBER' 2010

No. of Adolescents				Nature of ailments						
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify) ARI, Skin diseases etc		
134	48	40	33	00	27	46	45	19		

Signature of HO/AHO


11/09/10



Phone No. :- (033) 2551 - 2743
2549 - 8388

Memo No: SDDM/Health/ 203 /09-10

Office of the Councillors of South Dum Dum Municipality
Nager Bazar, Kolkata - 700 074



Date: 6.9.2010

Health Ex.
[Signature]

Assistant
[Signature]
28-9-10

To
The Project Director,
CMU, KUSP,
Salt Lake,
Kolkata.

Sir,

Sub : Monthly Report on Adolescent Friendly Clinics
August, 2010.

Please find herewith details report on Adolescent Friendly Clinic for the
Month of August, 2010.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

[Signature]
Health Officer.
Health Officer
South Dum Dum Municipality

Reporting form for Adolescents Friendly Clinics

South Dum Dum Municipality

For the Month of *August* 10

No. of Adolescents				Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)	
164	59	59	23	3	76	24	23	Fever - 10 the low infections - 9 Gastroenteritis - 7 Eczema - 4 Malnutrition - 4 Total - 58	

.....

 Signature of HO/AHO

Health Officer
 South Dum Dum Municipality



Reporting format for Adolescents' Friendly Clinics

.....Pande Pande..... Municipality

For the Month of*April*...../2010.....



Amritan
01.6.10
[Signature]

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
151	30	28	88	—	15	30	12	<i>White discharge fever</i>

Pande
.....
Signature of HO / AHO

Reporting format for Adolescents Friendly Clinics

Kanchrapara Municipality

For the Month of July / 2010

Skin
Labs
14.9.10



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Nature of ailments				
				Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
10	—	—	—	—	10	3	10	3

Accepted



Shake.
 2/9/10
 Signature of HO / AHO
Health Officer
KANCHRAPARA MUNICIPALITY

Reporting format for Adolescents Friendly Clinics

Kanchrapara Municipality

For the Month of August / 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)
36	—	—	—	—	24	5	14	10

Signature of HO / AHO
.....
29/9/10

Health Officer
KANCHRAPARA MUNICIPALITY



Handwritten signature

*

Reporting format for Adolescents' Friendly Clinics

SERAPPORE... Municipality

For the Month of April 2010 - July 2010



Binson
Alba Bar
13.9.10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
176	133	67	66	02	100 <i>Irregular</i>	108	66	subnormal Deficiency → 13 Lack of Hygienic Sense → 57

Dr. C. C. Mondal
Health Officer
Serapport Municipality

Signature of Health Officer

Reporting format for Adolescents' Friendly Clinics

S.F. RAYPORE Municipality

For the Month of ... August ... 2010.



Signature
Date
13.9.10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb					
				Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
48	39	32	07	03	17	10	07	Mentally Disordered -1 Weakness -13

Signature of Health Officer
S.F. Raypore Municipality AHO
Asst. Comm. Officer
Serampore Municipality

Reporting format for Adolescents Friendly Clinics

MALISANK Municipality

For the Month of ... A.U.G.U.S.T... 2 010



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having 11 gm % HB	Psychological	Mens-tural	GI	Anaemia	Others (Specify)

Signature of HO/AHO

[Handwritten Signature]
06.9.2010

[Handwritten Signature]
6/9/10

[Handwritten Signature]
13.9.10

[Handwritten Signature]

A

Phone No. :- (033) 2551 - 2743
2549 - 8388

Memo No: SDDM/Health/197/09-10

Office of the Councillors of South Dum Dum Municipality
Nager Bazar, Kolkata - 700 074



Date: 9.8.2010

Health Expt

Ansban
23.8.10.

To
The Project Director,
CMU, KUSP,
Salt Lake,
Kolkata.

Sir,

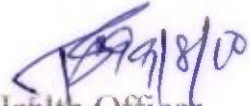
Sub : Monthly Report on Adolescent Friendly Clinics
July, 2010.

Please find herewith details report on Adolescent Friendly Clinic for the Month of July, 2010.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,


Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

For the Month of July 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
142	66	66	19	-	65	24	19	Fev-3 Wom-10 Malnutrition-6 CSOM-1 Cyst-2

Signature of HO/AHO

[Handwritten Signature]

South Dum Dum Municipality

Edgers - 2
 Anandans - 2
 Hendars - 8 ~ 34

Reporting format for Adolescents' Friendly Clinics

So Angkor
19.8.10

Paee bante Municipality



For the Month of JULY/10

No. of Adolescents			Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
119	11	10	05	—	15	35	05	White discharge Dysmenorrhoea

.....
Signature of HO / AHO

Office of the District Director of Health Services
Kampong Speu

Chandra
8/5/10
16/7/10

~~Star~~

Phone No. :- (033) 2551 - 2743
2549 - 8388

Memo No: SDDM/Health/ 182 /09-10

Office of the Councillors of South Dum Dum Municipality
Nager Bazar, Kolkata – 700 074



Date: 7.7.2010

Economist.
h

Health Expert Madam.

12/7/10
Sunil Kumar
13.7.10

To
The Project Director,
CMU, KUSP,
Salt Lake,
Kolkata.

Sir,

Sub : Monthly Report on Adolescent Friendly Clinics
June, 2010.

Please find herewith details report on Adolescent Friendly Clinic for the
Month of June, 2010.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

[Signature]
Health Officer.

Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

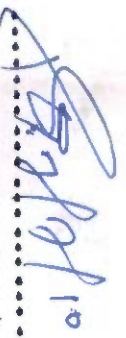
For the Month of June-10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psycho-logical	Mens-tural	GI	Anae-mia	Others (Specify)
151	49 ^(52.5%)	49	20 ^(18.7%)	-	87 ✓	7 ✓	20 ✓	Defective hb - 2 ✓ Hb not checked - 1 ✓ Xeroderma - 1 ✓ Rigors - 1 ✓ Intermittent fever - 10 ✓ Worms - 9 ✓

Signature of HO / AHO

Health Officer

South Dum Dum Municipality



 20/6/10
 37 ✓

20/6/10
 37 ✓

Reporting format for Adolescents Friendly Clinics

~~Kanchrapara~~ Municipality

For the Month of May - 2010



Shri Lalit
01-11-2010

Chandra
22/5/10

No. of Adolescents				Nature of ailments					
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mental	GI	Anaemia	Others (Specify)	
8	—	—	—	—	—	—	—	8	

Signature of HO / AHO
.....

Health Officer
KANCHRAPARA MUNICIPALITY

Palanpur
P.P.N.V.V.I
Mataria Municipality

~~Palanpur~~

~~Kanchrapara~~

Reporting format for Adolescents Friendly Clinics

~~Tancharpara~~ Municipality

For the Month of June-2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Nature of ailments				
				psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
11	—	—	—	—	11	—	11	3

Dr. Chandra Prasad
I.P.P.A.M
Tara Municipality

Signature of HO / AHO
Kate
12/2/10
Health Officer
TANCHARPARA MUNICIPALITY

Reporting format for Adolescents' Friendly Clinics

Budger Budger Municipality

For the Month of June '10

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
<u>234</u>	<u>84</u>	<u>22</u>	<u>08</u>	—	<u>20</u>	<u>40</u>	<u>20</u>	154 Fever Acidly Anik usup

.....
Signature of HO / AHO

Health Officer
Budger Municipality

Reporting format for Adolescents Friendly Clinics

04.08.2010;



H.A.L.S.A.H.A.R. Municipality

For the Month of JULY-2010

Attended the clinic	No. of Adolescents			Nature of ailments				
	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
54	00	00	00	00	19	14	11	10 = 54

Signature of HO / AHO

Health Officer
HALISAHAR MUNICIPALITY

Shri
16.8.10.

(Handwritten scribble)

18/8

PANIHATI MUNICIPALITY
Office Of the Health Department
PANIHATI, NORTH 24 PARGANAS



From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / AHC / 53/ 10 - 11

Date:- August 10, 2010

To,
The Project Manager , CMU
ILGUS BHAVAN, Sector-3, Bidhan nagar
Kolkata- 700 106

Subject: Report of 8 (Eight) "Adolescent Health Clinics" in Panihati Municipality for the Month of JUNE 2010 and JULY 2010.

Sir,
Enclosed please find here with reports of 8 (Eight) "Adolescent Health Clinics" in Panihati Municipal area as per guidelines in Formats .
This is for favour of kind information and necessary action please.



Yours faithfully,
(Signature)
10/8/10
Health Officer, Panihati Municipality.
Health Officer
Panihati Municipality

PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

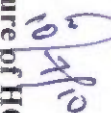
From: The Health Officer
Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of JUNE 2010

No. of Adolescents				Nature of ailments						
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify) Skin, ARI etc.		
129	58	41	38	00	29	48	58	17		




Signature of HO/AHO
Health Officer
Panihati Municipality



PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

From: The Health Officer
Panihatı Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of JULY, 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify) Skin, ARI etc.
136	62	32	32	00	39	38	62	37



Signature of HO/AHO

[Handwritten Signature]
Health Officer
Panihatı Municipality

[Handwritten Mark]

**Office of the Municipal Councillors
Bhadreswar, Hooghly**

A. Nishan
19.5.10

Memo No: *Health/2807*

Date-10/04/2010

From: Health Officer
Bhadreswar Municipality



PO (H)
18/5

To : Dr. Kallol Kr. Mukherjee
Project Manager, CMU

Sub: Implementation of Adolescent Health Care Programme -
Implementation of Adolescent Health Clinic
Vide memo no-CMU-94/2003(Pt. VII)/2220(8)

Sir,

Hereby sending monthly reports of Adolescent clinic from February 2010 to March 2010.

This is for information and necessary action.

Yours truly,

A. Nishan
18/4/10

Health Officer
Bhadreswar Municipality

Enclosed – Monthly report of Feb. 2010 to March 2010

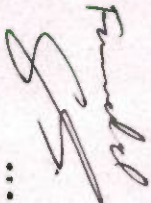
Monthly report from Oct 09 to Jan 10 was already given.

Reporting format for Adolescents' Friendly Clinics

Bhadravara Municipality

For the Month of *March* - 2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
6	2	2	0	1	4	1		



 Signature of HO / AHO



Reporting format for Adolescents' Friendly Clinics

Shadeswar - Municipality

For the Month of *February* - 2010



No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
8	4	4	3	1	3	1	3	

Frankel
SS

.....
Signature of HO / AHO

Frankel
12/10

**Office of the Municipal Councillors
Bhadreswar, Hooghly**

Economist
h

A

Memo No: *Health/1321*

From : Health Officer
Bhadreswar Municipality

To : Dr. Kallol Kr. Mukherjee
Project Manager, CMU

Health report Madan
Amul
2/3/10

Date-19/02/2010



Ankur
10.03.10

Sub: Implementation of Adolescent Health Care Programme -
Implementation of Adolescent Health Clinic
Vide memo no-CMU-94/2003(Pt. VII)/2220(8)

Sir,

This is to inform you that we have already started our adolescent clinic from October 2009 at Bhadreswar Municipal Hospital(ANKUR)- OPD. I am hereby sending the monthly reports according to the given format for your information & necessary action.

Thanking you,

Yours truly,

[Signature]
Health Officer
Bhadreswar Municipality
19/2/10

Enclosed – Monthly report of Oct 09 to Jan 10