

Reporting format for Adolescents' Friendly Clinics

... Bhadraswar... Municipality

For the Month of ... January 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)
				4	3	3	1	

Forwarded.
S.S.
28/01/10.

fin.
28/1/10

.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

.....*Bhadreswar*..... Municipality

For the Month of ...*December*... 2009'

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	7	5	nil.	1	5	1		

A

Forward.
S.S.
24/12/09

.....
Signature of HO / AHO
24/12/09
24/12/09

Reporting format for Adolescents' Friendly Clinics

...*Bhadravara*... Municipality

For the Month of ...*November 2009*...

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	3	3	0	-	6	-	-	-

Forwarded.
S/S
26/11/09

.....
26/11/09
Signature of HO / AHO

A

Reporting format for Adolescents' Friendly Clinics

...*3hadresara*... Municipality

For the Month of ...*Feb*..., 2009'...

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)
1	0	-	-	1	-	-	-	-

Forwarded.
SS
29/10/09
AHO

.....
Signature
Signature of HO/AHO
AHO

A

Reporting format for Adolescents' Friendly Clinics

...Pardubice... Municipality

For the Month ofMay/2010.....

clear
11/1/10

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)
339	27	17	03	61	15	70	15	Whiskers Fever

Signature of HO / AHO



Health Officer
Public Health Officer
Municipality

15/12/10

Reporting format for Adolescents' Friendly Clinics

Pandae Budae..... Municipality

For the Month of April / 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)
232	15	12	02	Nil	15	50	30	35 (20 males & 15 females)

.....
 Signature of HO / AHO

Health Officer
 Pandae Budae Municipality

Reporting format for Adolescents' Friendly Clinics

...~~...~~ ~~...~~ ~~...~~ Municipality

For the Month of ... ~~...~~ MARCH / 2010

Handwritten signature and date
 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)
172	10	08	04	Nil	26	41	20	Iskited, Stone, Cmel, Fever

Handwritten signature
 Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

Budae Budae Municipality

For the Month of February 10



Signature
24.3.10



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)
165	27	15	06	Nil	30	70	15	Fever Cm 2 Mite disorder

Signature of HO/AHO

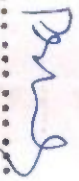
Health Officer
Budae Budae Municipality

Reporting format for Adolescents' Friendly Clinics

PANDURU MUDURU Municipality

For the Month of JAN / 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)
191	09	12 <i>(Revisions month)</i>	03	—	33	47	18	—



 Signature of HO / AHO

A. N. S. R. N.
 05-03-10



Reporting format for Adolescents' Friendly Clinics

~~PADDE~~ ~~INDIA~~ Municipality

For the Month of ... ~~DECEMBER~~ / 09

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)
152	12 (new)	30 (previous marks)	12	01	13	25	31	—

Prasad
.....
Signature of HO / AHO

Reporting format for Adolescents' Friendly Clinics

~~BANDU~~ ~~BANDU~~ Municipality

For the Month of ... Nov/09

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated (New)	Report for Hb % obtained	having less than 12 gm % Hb	Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)
241	17	41 (2 Reviews month)	22	01	15	27	35	-

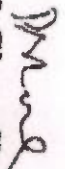


 Signature of HO / AHO

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF JULY / 09

Attention = Dr. Sitouri Townsmi.

No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received of Adolescent.	Hb % below 11 gm %	Remarks.
160	18	36	04	


Dr. P.B. Chowdhury,
Health Officer
Budge Budge Municipality.

Accepted
 10.08.09



REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF JANUARY, FEBRUARY & MARCH 2009

Attention = **Dr. Sibani Goswami**

No of Adolescent attending the clinic.	Adolescent refered for Hb % estimation.	Hb % report received of Adolescent.	Hb % below 11 gm %	Remarks.
636	69	36	05	

Oct to. Dec
 July to Sept
 Apl. to June
 Feb.
 Jan

~~42~~
 476
 863
 840
 82
 91

 2352

~~37~~
 78
 282
 714
 23
 31

 1128

~~34~~
 39
 87
 118
 11
 31

 286

~~45~~
~~50~~
 30
 01
Dr. P. B. Chowdhary
 Health Officer
 Budge Budge Municipality.



BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF OCTOBER, NOVEMBER & DECEMBER, 2008

Attention = Dr. Sibani Goswami.

No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received of Adolescent.	Hb % below 11 gm %	Remarks.
476	78	39	5	

Dr. P.B. Chowdhury
17.1.09
Dr. P.B. Chowdhury,
Health Officer
Budge Budge Municipality.


Health Officer
Budge Budge Municipality

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF JULY, AUGUST, & SEPTEMBER 2008



Attention = Dr. Sibani Goswami.

No of Adolescent attending the clinic.	Adolescent referred for HP % estimation.	HP % received by Adolescent.	HP % below 11 & 12 %	Remarks.
863	282	87	5	


Dr. P.B. Chowdhury,
Health Officer
 Budge Budge Municipality.

DFID Assisted HW Scheme

KRISHNAGAR MUNICIPALITY
Krishnagar Municipal Tourist Lodge
Krishnagar, Nadia.

Memo No:- 95/DFID / 18-1 (A) 08

Date:- 04.11.08

To : Project Officer

Health Wing, SUGA

SUGA-Health Wing, Kolkata.

From : Dr. Shyamal Kr Ghosh

Health Officer

Krishnagar Municipality

Subj:- Sending of names of four (4) HAs for the training programme for routine immunization.

Ref: CMU-94/2003/(F T VI) / 2190 (11) Dt. 29.07.08

31

Respected madam,

Following are the names and qualifications of the selected HAs for the training programme for strengthening of routine immunisation programme.

Sl. No.	Name	Qualification
1.	Smt. Lily Roy	BA
2.	Smt. Swagata Dutta	BA
3.	Smt. Moumita Majumder	B.A. Honours
4.	Smt. Mrida Khatun	VII

Your kind cooperation will be highly appreciated

Thanking you

Yours faithfully,

Dr. Shyamal Kr Ghosh

Health Officer

Krishnagar Municipality

Memo No 95 (2) / DFID / 18-1 (A) 08

Date: 04.11.08

Copy forwarded for the information and for necessary action.

1) Chairman, Krishnagar Municipality

2) Project Director, DFID Assisted HW Scheme, Krishnagar Municipality, P.O. - M. of Nadia

3) Asst. CMCH, Krishnagar, Nadia & member M.L.H. & F.W. Committee Krishnagar Municipality.

Dr. Shyamal Kr Ghosh

Health Officer

Krishnagar Municipality


BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF February.

Attention :- **Dr. Sibani Goswami**

PO (H)
11/3



No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received Adolescent.	Hb % below 11 gm %	Rem
82	23	11	02	


Dr. P.R. Chowdhury
Health Officer
Budge Budge Municipality.

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF Dec - 07



Attention - Dr. Sibeaji Goswami

No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received Adolescent.	Hb % below 11 gm %	Remarks.
112	37	31	4	—


Dr. P. S. Choudhary
Health Officer
Budge Budge Municipality.

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF Oct. 07

Attention = Dr. Sibani Goswami.

No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received Adolescent	Hb % below 11 gm %	Remarks.
112	33	15	6	

Dr. P.B. Chowdhury
Dr. P.B. Chowdhury.
Health Officer
Budge Budge Municipality.

✓
 PO/H

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF Sept/07



No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received Adolescent.	Hb % below 11 gm %	Remarks.
63	35	14	05	—

Atkinson
Dr. Sibson (signature)

Dr. P.B. Chowdhury
Health Officer
 Budge Budge Municipality.

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF August/07

No of Adolescent attending the clinic.	Adolescent refered for Hb % estimation.	Hb % report received of Adolescent.	Hb % below 11 gm %	Remarks.
104	36	21	05	—

Attention
 Dr. Sileem Gansami
 Health Expert
 C.M.U.

Prash
 Dr. P. B. Chowdhury.
 Health Officer
 Budge Budge Municipality.

INCEDENCE OF ANAEMIA AMONG 'DROP-OUT' ADOLESCENT GIRLS

• No. of drop-outs attended clinic = 53 (out of 105 adolescent till 20/8/07)

• Average age of drop-out

Budge Budge Municipal

10-12	13-15	16-19
9	30	14

Attention

Dr. Sribani Goswami,

Health expert, CMU

• Family size of drop outs (according to family member nos.)

3-5	6-8	9-11
26	24	3

• No. of brother/sister

1-2	3-4	5-6	>6
18	24	10	1

• Per capita income

≤ 300	301-400	401-500	501-600	> 600
13	12	11	7	10

• Consumption of food stuffs.

Animal protein	veg. protein	Fruits	leafy Veg.	Root tubers	Other vegs.
40	42	3	16	41	24

• No. of food intake/day

2 times	3 times	4 times
2	26	23

• Personal hygiene and cleanliness

Washing hands with only water after defecation	Wiping soil/ash after defecation	Nails are not cleaned
1	4	29

• Age of Menarche

10-11	12-13	14-16	Not started
8	33	16	1

• Average cycle

20-22 days	23-25 days	26-28 days	29-31 days	> 31 day	Irregular
-	-	21	8	2	22

• Type of flow

Heavy	Medium	Light
12	29	11

Personal hygiene during menstruation

using sanitary Napkin	using new cloth	using wasted cloth
6	10	36

Cause for attending clinic

Weakness	White discharge	Menstrual problem	Abdominal pain during menstruation	Anorexia	Others
16	15	8	16	3	15

Factors associated with anaemia

Worm Infestation	Malaria
22	7

Prevalence of anaemia & Reproductive tract infection among drop-outs

White discharge	Vaginismus
40	10

Average body-wt.

< 30 Kg	31-35	36-41	42-47	48-50	> 50
-	4	28	10	8	3

Religion

Hindu	Muslima
34	19

Hb% among drop-outs

7.1-8	2	12.1-13	3
8.1-9	1	13.1-14	0
9.1-10	1	14.1-15	0
10.1-11	20	15.1-16	1
11.1-12	15	Test not done yet	10

Namrata Mallik

10.09.07

(Handwritten mark)

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF July/07

(Handwritten signature)
 7/18/07

No of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received Adolescent.	Hb % below 11 gm %	Remarks.
88	30 (Thirty)	10 (Ten)	05	—

(Handwritten signature)
 Dr S. Gomanis
 Health Expert, CMU

(Handwritten signature)
Dr.P.B.Chowdhury.
 Health Officer
 Budge Budge Municipality.

PO(+)

BUDGE BUDGE MUNICIPALITY
REPORT OF ADOLESCENT FRIENDLY CLINIC FOR THE MONTH OF January. - 07

Attention = *Dr. Sibani Goswami*

No. of Adolescent attending the clinic.	Adolescent referred for Hb % estimation.	Hb % report received Adolescent.	Hb % below 11 gm %	Remarks.
91	31	31	4	—

Dr. P.B. Chowdhury
Dr. P.B. Chowdhury
Health Officer
Budge Budge Municipality.

**BUDGE BUDGE MUNICIPALITY
ADOLESCENT HEALTH CARE PROGRAMME.
ATTENDANCE OF ADOLESCENT CLINIC.**

APRIL / 2007.

02.04.07. = 01
09.04.07. = 02
16.04.07. = 05
23.04.07. = 04
30.04.07. = 02

MAY / 2007.

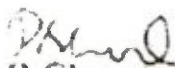
07.05.07. = 02
14.05.07. = 02
25.05.07. = 05
28.05.07. = 10

JUNE / 2007.

04.06.07. = 08
11.06.07. = 20
18.06.07. = 17
25.06.07. = 23

Total Hb% test report received = 48

Detection of Anaemia (below 11 gm.%) = 14


Dr. P. B. Chowdhury
Health Officer
Budge Budge Municipality.

Anshu

**RESULT OF Hb% DONE FOR FIRST TIME OF ADOLESCENT
GIRLS IN
BUDGE-BUDGE MUNICIPALITY**

Below 7 %	7.1-8	8.1-9	9.1-9.9	10	10.1-11	11.1-12	12.1-13	13.1-14	Above 14%
3	5	10	51	38	180	232	133	46	3
.43%	.71%	1.43%	7.27%	5.42%	25.68%	33.09%	18.98%	6.57%	.42%

Total number of adolescent girls attended clinic (once or more) : 798

Total number Hb% done: 701

Namerata Mallick

NO. VII/ADL/10-11/002

Dated - 16/4/10



Reporting format for Adolescents friendly Clinics Chandernagore Municipal Corporation

For the Month of March, 2010

Amishan. ~~XXXX~~
20.4.10

To The Health Expert SUDA, Ilgors Bhaban

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

MONTH	Attended the Clinic	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Mens tural	GI	Anaemia	Others (Specify)	Total
MARCH-2010	17	2	1	12	2 (PID)	17



Sandip Ghosh
Health Officer
Chandernagore
Municipal Corporation

~~930/20.4.10~~



HELP LINE : 12666

DIAL : 2683 5297 / 2562 / 6706

FAX : 2683 5068

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

No. VII/Adlc./09-10/ 004

Date- 02.03.10

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



Anisban,
17-3-10

Sub. :- Reporting of Adolescent friendly clinic from Nov.'09 to Feb.'10

Madam,

I am submitting the Report of Adolescent friendly Clinic which is held at Student Health Home, Chandernagore branch from Nov.'09 to Feb.10.

This is for your kind information please.

Yours faithfully,

Sanchit Ghosh

Health Officer

Chandernagore Municipal
Corporation

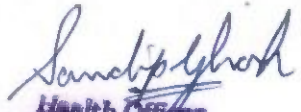


**Reporting format for
Adolescents friendly Clinics
Chandernagore Municipal Corporation**

For the Month of ...Nov.'09 to February'10

Total Nos. of Clinic Held during the period - 17 days.

M O N T H	Attended the Clinic	Hb% estimated	Report forHb% obtained	having less than 11 gm% Hb	Psycho logical	Mens tural	G I	Anaemia	Others (Specify)	Total
Nov.'09	30	-----	-----	-----	3	0	1	6	20	30
Dec.'09	21	-----	-----	-----	0	2	0	4	15	21
Jan.'10	21	-----	-----	-----	0	0	4	6	11	21
Feb.'10	18	-----	-----	-----	0	0	7	4	7	18
Total	90	-----	-----	-----	3	2	12	20	53	90


**Health Officer
Chandernagore
Municipal Corporation**



HELP LINE : 12666
DIA L : 2683 5297 / 2562 / 6706
FAX : 2683 5068
E-mail : chandernagorecorporation@yahoo.co.in
Website : WWW.chandernagore.org.

CHANDERNAGORE MUNICIPAL CORPORATION, W.B.(INDIA) PIN-712136

No. VII/Adlc./09-10/003

Date-26.11.09

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

Anjatan
26.11.09

Sub. :- Reporting of Adolescent friendly clinic from May'09 to Oct. '09

Madam,

I am submitting the Report of Adolescent friendly Clinic which is held at Student Health Home, Chandernagore branch from May'09 to Oct.'09.

In this connection, I would like to state that we have up to now reported the Anaemia patient detected clinically, irrespective of whether the patient is suffering from any other disorders like menstrual, G. I related or chronic PID.

This is for your kind information please.

Yours faithfully,

Sandip Ghosh

Health Officer
Chandernagore Municipal Corporation

Reporting format for
Adolescents friendly Clinics
Chandernagore Municipal Corporation

For the Month of ...May'09 to October'09

Nos. of Clinic Held during the period.....*24 days*.

A

M O N T H	Attended the Clinic	Hb% estimated	Report forHb% obtained	having less than 11 gm% Hb	Psycho logical	Mens tural	G I	Anaemia	Others (Specify)	Total
May'09		Nil	Nil	Nil	82	90	32	45	14	263
June'09		Nil	Nil	Nil	7	9	0	1	1	18
July'09		Nil	Nil	Nil	6	14	2	3	1	26
August '09		Nil	Nil	Nil	5	7	5	6	0	23
Sept.'09		Nil	Nil	Nil	4	2	6	4	3	19
Oct.'09		Nil	Nil	Nil	68	71	30	21	2	192
Total		Nil	Nil	Nil	172	193	75	80	21	541

Sanalip Ghosh
Signature of Health Officer
Health Officer
Chandernagore
Municipal Corporation



DIAL : 2683-5297 / 2562 / 6706

FAX : 2683-5068

HELP LINE : 12666

Anshuman
18.5.09

Chandernagore Municipal Corporation, 712 136

No.VII/Adlc/08-09/002

Date-28/03/2008

From:- Health Officer

To,
The Health Expert,
C.M.U, K.U.S.P
ILGUS BHABAN
H.C. Block Sector
Salt Lake City
Kolkata-106



Sub.:- Reporting of Adolescent friendly Clinic
from Jan'08 to April,2009

Madam,

I am submitting the Report of Adolescent friendly Clinic which is held at Student Health Home, Chandernagore branch from Jan.'08 – April,09.

In this connection, I would like to state that we have up to now reported the Anaemia patient detected clinically, irrespective of whether the patient is suffering from any other disorders like menstrual, G.I related or chronic PID.

As per your order, we will start Hb% estimation of Adolescent patients attending our clinic from May,2009 onwards.

This is for your information please.

Yours faithfully,

Sandip Ghosh

Health Officer
Chandernagore Municipal
Corporation


**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of April - 2009

Nos. of Clinic Held during the month 5

Attended the Clinic	No. of Adolescents			Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (clinically)	Others (Specify)
32	—	—	—	1	6	7	25.	$\frac{2 \times 11 \times 10}{14}$


 Signature of H.O./A.A.O.

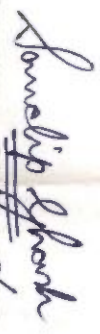
**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of MARCH - 2009

Nos. of Clinic Held during the month 3

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (Chemically)	Others (Specify)
11	-	-	-	-	3	3	8.	Ch P10 3


 Signature of H.O./A.H.O.

**Reporting format of
Adolescents friendly Clinics**

Chandernagore Municipal Corporation.....Municipality.

For the Month of FEBRUARY - 2009

No of clinic held during the month 4

Attended the clinic	No. of Adolescents			Nature of ailments				
	Hb% estimated	Report for Hb% obtained	Having less than 11gm% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify)
24	-	-	-	1	7	4	18	2 PID 10

Sandeep Shankar
Signature of H.O./ A.H.O.

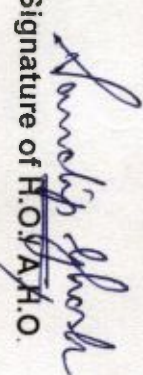
**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of JANUARY - 2009

Nos. of Clinic Held during the month 5

Attended the Clinic	No. of Adolescents			Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (clinically)	Others (Specify)
18	—	—	—	1	3	7	15	Ch P/D 8


 Signature of H.O. D.A.A.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of DECEMBER - 2008

Nos. of Clinic Held during the month 4

Attended the Clinic	No. of Adolescents			Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (chronically)	Others (Specify)
18	—	—	—	—	4	3	16	$\frac{4+16}{19}$


 Signature of H.O./A.H.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of **NOVEMBER-2008**

Nos. of Clinic Held during the month **4**

Attended the Clinic	No. of Adolescents				Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (chronically)	Others (Specify)	
25+37 = (62)	—	—	—	1+1 = (2)	8+8 = (16)	4+12 = (16)	18+24 = (42)	CRPID ↓ 12+17 = (29)	

Sandeep Shankar
Signature of H.O./A.P.O.

**Reporting format for
Adolescents friendly Clinics**

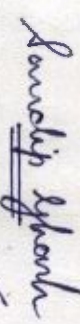
Chandernagore Municipal Corporation

For the Month of OCTOBER - 2008

Nos. of Clinic Held during the month 4

Attended the Clinic	No. of Adolescents			Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (clinically)	Others (Specify)
122	—	—	—	2	29	27	24	$\frac{4113}{38}$

NO: In this month also, training programme held & subsequent screening done, along with distribution of supplement drugs.


 Signature of H.O./A.H.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of **SEPTEMBER - 2008**

Nos. of Clinic Held during the month **4**

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (chronically)	Others (Specify)
120	-	-	-	3	31	24	90	$\frac{4 \text{ PID}}{42}$

NB: In this month, the training prog. were held & subsequently covering was done, along with distribution of awareness clings.

Somdeep Ghosh
Signature of H.O./A.H.O.


**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of AUGUST - 2008

Nos. of Clinic Held during the month 4

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify)
7	-	-	-	-	2	1	5	APID ↓ 4.


 Signature of H.O./ A.H.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month ofJULY.....-2008.....

Nos. of Clinic Held during the month4.....

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (clinically)	Others (Specify)
9	-	-	-	-	3	1	7	2210 ↓ 5.

Janaki Shank
Signature of H.O./A.H.O.


**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of JUNE - 2008

Nos. of Clinic Held during the month 5

Attended the Clinic	No. of Adolescents			Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (chronically)	Others (Specify)
16	-	-	-	-	6	1	11	Ch P1D 2. 9


 Signature of H.O./A.H.O.

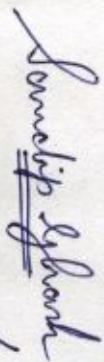
**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of MAY - 2008

Nos. of Clinic Held during the month 5

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (Clinically)	Others (Specify)
17	—	—	—	1	4	4	13.	CAPID ↓ 8.


 Signature of H.O./A.H.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of APRIL - 2008

Nos. of Clinic Held during the month 4

Attended the Clinic	No. of Adolescents				Nature of ailments				
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia <i>(clinically)</i>	Others (Specify)	
10	-	-	-	1	2	1	7	<u>CPD</u> ↓ 6.	

Sandip Ghosh
Signature of H.O./A.H.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of MARCH - 2008

Nos. of Clinic Held during the month 4

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (Clinically)	Others (Specify)
7	—	—	—		3	1	6	Chronic 3

Sandip Ghosh
Signature of H.O./A.H.O.

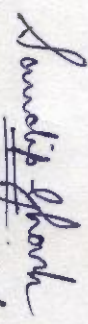
**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month of FEBRUARY - 2008

Nos. of Clinic Held during the month 4

Attended the Clinic	No. of Adolescents			Nature of ailments			Anaemia (chronically)	Others (Specify)
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI		
7	-	-	-	1	2		6	CU P/D 14


 Signature of H.O./A.H.O.

**Reporting format for
Adolescents friendly Clinics**

Chandernagore Municipal Corporation

For the Month ofJANUARY - 2008.....

Nos. of Clinic Held during the month3.....

Attended the Clinic	No. of Adolescents				Nature of ailments			
	Hb% estimated	Report for Hb% obtained	having less than 11 gm% Hb	Psychological	Menstrual	GI	Anaemia (clinically)	Others (Specify)
3	-	-	-	-	1	-	3	Ch P I D ↓ 2.

Sandeep Ghosh
Signature of H.O./A.M.O.

Reporting format for Adolescents Friendly Clinics

Chandra
13/7/10

HAUSAHAR Municipality

For the Month of *June* - 2010



Sri Lakshmi
12-07-10

2/2/10

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)
<i>49</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>	<i>22</i>	<i>9</i>	<i>12</i>	<i>6 = 49</i>

Health Officer
 HAUSAHAR MUNICIPALITY
 Signature of HO / AHO

king



Reporting format for Adolescents Friendly Clinics

..HALISAHAR... 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 11 gm % Hb	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
141	0	0	0		68	38	16	19

.....
Signature of HO/AHO

Health Officer
HALISAHAR MUNICIPALITY

Reporting format for Adolescents Friendly Clinics

..HALISAHAR..... Municipality

Handwritten: 01.03.10
A. S. Khan

For the Month of February-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)
107	-	-	-	-	72	23	06	06

Signature of HO / AHO

Handwritten signature
Health Officer
HALISAHAR MUNICIPALITY

Handwritten: 02.03.2010



Reporting format for Adolescents Friendly Clinics

...HALISAHAR... Municipality

For the Month of JANUARY-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)	
45	—	—	—	03	22	10	21	03	

[Signature]
Date: 02.2010

Signature of HO / AHO
Health Officer
HALISAHAR MUNICIPALITY

ADOLESCENT FRIENDLY CLINIC, KALYANI MUNICIPALITY

FOR THE MONTH OF OCTOBER 2009

No. Of Adolescents		Nature of ailments						
Attended clinic	Hb% estimated	Report for Hb% obtained	Having less than 11gm% Hb	Psychological	Menstrual	GI	Anaemia	Others
15	3	3	1	0	3	1	1	General weakness-2 ARI -3 UTI -1 Fever-1 Bed wetting-1 PID-1

ADOLESCENT FRIENDLY CLINIC, KALYANI MUNICIPALITY

FOR THE MONTH OF SEPTEMBER 2009

No. Of Adolescents		Nature of ailments						
Attended clinic	Hb% estimated	Report for Hb% obtained	Having less than 11gm% Hb	Psychological	Menstrual	GI	Anaemia	Others
6	0	0	-	0	3	1	-	General weakness -2

ADOLESCENT FRIENDLY CLINIC, KALYANI MUNICIPALITY

FOR THE MONTH AUGUST, 2009

Attended clinic	No. Of Adolescents				Nature of ailments				
	Hb% estimated	Report for Hb% obtained	Having less than 11gm% Hb	Psychological	Menstrual	GI	Anaemia	Others	
26	0	0	-	0	4	6	2	General weakness - 5 PID-1 Acne + Scabies-2 Loss of appetite-1 Pruritus vulva-1 UTI-1 ARI-3	

Adolescent friendly clinic report Inbox X

jhilik bakshi to me

[show details](#) 2:17 PM (21 hours ago)

Dear Dr Goswami,

Please find attached the report for Adolescent Friendly Clinic under Kalyani Municipality for the months of June and ² July, 2009.

Kind regards,
kasturi

REPORT FOR ADOLESCENT FRIENDLY CLINIC.doc

Amolban
7-9-09

☆

REPORTING FORMAT FOR ADOLESCENT FRIENDLY CLINIC KALYANI MUNICIPALITY	
FOR THE MONTH OF July 2009	
No. Of Adolescents	Nature of ailments

Attended clinic	Hb% estimated	Report for Hb% obtained	Having less than 11gm% Hb	Psychological	Menstrual	GI	Anaemia	Others
18	0	0	-	0	7	3	-	PID -1 ARI -1 Leucorrhoea -3 General weakness- 3

Signature of HO/AHO

**Reporting format for
Adolescents Friendly Clinics
Kalyani Municipality
For the Month of May 2009**

No. of Adolescents 11				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-trual	GI	Anemia	Others (Specify)
11	0	0	0	0	2	0	-	White discharge: 2 General Weakness: 7

Signature of HO / AHO

Kasturi Baskin

18/5/09

Dr. KASTURI BAKSHI
Assistant Health Officer
Kalyani Municipality

**Reporting format for
Adolescents Friendly Clinics**

Kalyani Municipality

For the Month of April 2008 to March 2009

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb	Psychological	Mens-trual	GI	Anem-ia	Others (Specify)
56 attended clinic and 913 adolescents were attended by medical team in schools for correction of anemia (report attached)	2 at clinic & 774 in School	776	126	3	15	10	126 Less than 11gm % (361 less than 12gm %)	White discharge: 16 UTI: 2 Dental: 1 General Weakness: 11 Acne: 2

Kasturi Baktin 18/6/09

Signature of HO/AHO

Dr. KASTURI BAKSHI

Assistant Health Officer
Kalyani Municipality

Reporting format for
Adolescents Friendly Clinics


Kalyani Municipality

For the Month of April 2009

No. of Adolescents 15				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 11 gm % Hb					
				Psychological	Mens-trual	GI	Anem-ia	Others (Specify)
15	0	0	-	0	0	1	-	White discharge: 6 General Weakness: 8

Kasturi Baskin 18/6/09

Signature of HO/AHO
Dr. KASTURI BASKIN
Assistant Health Officer
Kalyani Municipality



**Reporting format for
Adolescents Friendly Clinics
Kanchrapara 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)
11	-	-	-	-	8	1	1	1(Eye)

Saha
19-04-10

Signature of H.O.

Health Officer
KANCHRAPARA MUNICIPALITY

Reference is made to the report of the
Review Board, dated 10/1/50,
concerning the activities of [redacted]

Am. Co.
6-4-10


It is noted that the report of the
Review Board, dated 10/1/50,
concerning the activities of [redacted]
has been reviewed and approved
by the [redacted] on 6-4-10.

Sincerely yours,

[redacted]

Reporting format for Adolescents' Friendly Clinics



..... RISHRA 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	Men- s- tural	GI	Anae- mia	Others (Specify)
5	10	10	8	2	3	0	3	0
10	10	9	6	1	4	1	11	4
21	17	18	17	1	2	17	6	1
3	17	19	17	2	15	3	28	5
81	56	56	43	2	15	31	28	5
Total								

.....
Signature of Health Officer
RISHRA MUNICIPALITY

Reporting format for Adolescents' Friendly Clinics



..... RISHRA Municipality

For the Month of JANUARY-2010

No. of Adolescents				Nature of ailments				
Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify)
19		19	19		4	2	7	6
14		11	10		1	1	7	5
8		8	5		2	2	3	2
16		16	16		1	4	7	1
54		54	50		8	7	24	3

5.2.10
2.2.10
19.2.10
2.2.10
Total

Signature of HO/AHO
Assistant Health Officer
RISHRA MUNICIPALITY

Reporting format for Adolescents' Friendly Clinics



..... PISHRA..... Municipality

For the Month of ... JANUARY ... 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)
5		9	0	0	0	0	0	5
9		09	4	0	5	0	4	0
22		10	11	2	8	2	9	1
16		11	7	2	4	3	11	0
11		7	7	0	4	0	7	0
Total → 63		37	36	4	17	5	31	6

(Handwritten signature)

Signature of HO/AHO

.....

Reporting format for Adolescents' Friendly Clinics



.....*RISHONA*..... Municipality

For the Month of *December*..... 20*14*

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)
7		7	6			2	3	2
21		13	11			5	2	4
23		19	15		8	2	9	4
51		39	32		13	9	20	9
<i>Total</i>								

.....
[Signature]
 Signature of **HO/AHO**

RISHONA MUNICIPALITY

Reporting format for Adolescents' Friendly Clinics

[Handwritten signature]

..... Municipality

For the Month of

Attended the clinic	No. of Adolescents			Nature of ailments			
	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Psychological	Menstrual	GI	Anaemia (Specify)
15	15	11	4	2	5	3	30
15	15	11	4	2	5	3	30
Total	15	11	4	2	5	3	30

[Handwritten signature]

Signature of HO/AHO
 Assistant Health Officer
 BISHRA MUNICIPALITY

No. HAU/76.....

Office of the Board of Councillors
NAIHATI

Phone : 2581-2098

From :
Dr. S.K. Bhattacharya
Health Officer

Chairman / Vice-Chairman
NAIHATI MUNICIPALITY

Dated 29/03/2010

To, The Project Officer(Health)
S.U.D.A.
Ilgus Bhavan, H.C.Block,
Sector-III, Bidhannagar,
Kolkata - 7000 106.

Sub : Submission of Adolescents Friendly
Clinics report.

Sir,

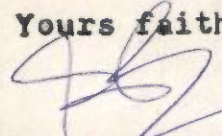
I am sending herewith the Adolescents Friendly
Clinics Report for the Month of January 2010 to March
2010 for your doing the needful.

Please acknowledge the same and oblige.

Thanking You.

Enclo : As stated above.

Yours faithfully


29/3/10
Health Officer
Naihati Municipality

Health Officer
Naihati Municipality


Reporting format for Adolescents' Friendly Clinics

.....*Naihati*... Municipality

For the Month of*March*'*2010*....

Clinic = 05 (Five)

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)
22	04	01	01	0	11	07	08	0

.....

.....*29/3/10*.....

Signature of HO / AHO

Health Officer
Naihati Municipality

Reporting format for Adolescents' Friendly Clinics

...Nahati..... Municipality

For the Month of February '2010

Clinic = 08 (Eight)

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)
61	18	12	11	0	17	19	31	02


29/3/10

.....
Signature of HO / AHO
Health Officer
Nahati Municipality

Reporting format for Adolescents' Friendly Clinics

..Naihati..... Municipality

For the Month of ...January... 2010

Clinic = 07 (Seven)

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)
59	15	11	09	0	19	13	29	03


29/3/10

Signature of HO / AHO
Health Officer
Naihati Municipality

No. HAU/43

Office of the Board of Councillors
NAIHATI

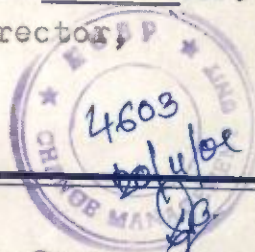
From: Dr. Surya Kr. Bhattacharya
Health Officer

Chairman / Vice-Chairman
NAIHATI MUNICIPALITY

Phone : 2581-2098

Dated 12-11-2009

To, The Project Director,
KUSP/CMU,
Ilgus Bhavan,
Salt Lake,
Kolkata.



Sub : Reports of Adolescent Health Care
Training Programme.

Sir,

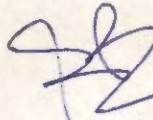
I am sending herewith the Pre & Post training results of Adolescent Health Care Programme held in this Municipality on 12.10.09 to 13.10.09 & 26.10.09 to 27.10.09 & 5.11.09 to 07.11.09 & 09.11.09 to 10.11.09 (04 Batches)

Kindly accept the same & oblige.

Health Expd.
M.

Thanking You.

Yours Sincerely


12/11/09
Health Officer
Naihati Municipality

NAIHATI MUNICIPALITY

Training on Adolescent Health Care Programme
Under Health Component of K.U.S.P.

Batch No.: Venue Date

Total Marks:30

Sl. No.	Name of Trainees	Pre-Evaluation	Post Evaluation
01	Anita Shaw	30	24
02	Lalita Shaw	30	24
03	Rinku Rajbhar	30	30
04	Anupa kurmi	30	24
05	Jyoti Singh	30	30
06	Koushlay Parsad	30	30
07	Baby Prasad	30	28
08	Puja kumari Shaw	28	30
09	Riva Yadav	28	30
10	Pinky Prasad	28	28
11	Rupa Shaw	28	28
12	Puja Shaw	28	30
13	Shuvarnee Ghosh	28	28
14	Papiya Singh	28	28
15	Anita Gini	28	28
16	Sangita yadav	28	28
17	Ashima kahar	28	28
18	Mamju Shaw	28	26
19	Gudde Shaw	28	28
20	Rina Paiswan	26	26
21	Puja Sharma	26	30
22	Bobby kar	26	28
23	Moli Halder	26	28
24	Kabita yadav	26	28
25	Nisha Harejan	26	22

NAIHATI MUNICIPALITY

Training on Adolescent Health Care Programme Under Health Component of K.U.S.P.

Batch No.: Venue Date

Total Marks:30

Sl. No.	Name of Trainees	Pre-Evaluation	Post Evaluation
	Namita Dorad	28	30
	Tumpa Saha	26	30
	Tumpa Sarder	26	30
	Joyti Shaw	26	30
	Priyanka Saha	22	28
	Rinki Shaw	26	30
	Pinki Shaw	22	30
	Sakti Ghosh	18	30
	Arpita Hazra	26	30
	Rakhi Mehata	18	30
	Madhu Shaw	18	30
	Rajani Paswan	18	30
	Suman Paul	22	30
	Shampa Nath	20	30
	Susmita Nath	20	30
	Sima Shaw	22	30
	Pratima Shaw	24	30
	Puja Singh	18	20
	Pinki Shaw	30	30
	Sweta Shaw	24	30
	Sangita Shaw	28	30
	Asha Shaw	24	30
	Rani Shaw	30	30
	Rinki Keshari	22	30
	Sima Keshari	22	30

NAIHATI MUNICIPALITY
Training on Adolescent Health Care Programme
Under Health Component of K.U.S.P.

Batch No.: Venue Date

Total Marks:30

Sl. No.	Name of Trainees	Pre-Evaluation	Post Evaluation
	Puja Pasi	22	30
	Puja Goswami	20	30
	Sushama Das	20	30
	Puja Keshari	20	30
	Soni Keshari	20	30
	Sanju Das	20	28
	Sulekha Thakur	18	30
	Sandhya Das	18	28
	Joshana Kajari	18	30
	Bandana Kajari	18	30
	Sipta Nath	18	30
	Rinki Prasad	18	30
	Madhuri Das	18	28
	Sima Shaw	18	30
	Sanju Chowdhury	18	28
	Sabita Das	16	28
	Rani Shaw	18	30
	Tumpa Daluy	20	30
	Shila Das	20	30
	Doli Chowdhury	18	26
	Mina Debnath	20	28
	Soni Shaw	20	30
	Maya Goswami	26	30
	Gita Chowdhury	28	30
	Monika Paul	20	28


Health Officer 15/11/
Naihati Municipality

NAIHATI MUNICIPALITY
Training on Adolescent Health Care Programme
Under Health Component of K.U.S.P.

Batch No.: Venue Date

Total Marks:30

Sl. No.	Name of Trainees	Pre-Evaluation	Post Evaluation
	Songita Paul	30	30
	Rinki Saha	30	30
	Krishna Das	28	28
	Puja Ram	28	30
	Sunayama Kumari Jaiswar	28	30
	Saroj Jaiswar	28	30
	Rouman Parvin	28	30
	Neha Kumari Tiwari	26	30
	Sima Chanda	26	30
	Mou Sarkar	26	30
	Bononree Mallick	26	26
	Apala Mondal	26	30
	Priya Das	26	30
	Gitanree Das	26	30
	Tata Khatun	26	26
	Roktina Das	26	30
	Sahinaj Parveen	26	30
	Sabnam Parveen	26	30
	Yasmin Parveen	26	30
	Sushma Kumari Jaiswar	26	30
	Sony Ram	26	28
	Pranatika Das	24	30
	Labani Das	24	30
	Joyshree Chakraborty	24	28
	Samapti Dutta	24	28

NAIHATI MUNICIPALITY

Training on Adolescent Health Care Programme Under Health Component of K.U.S.P.

Batch No.:

03

Venue

HAU-I, Lalighi

Date

05.11.09 & 07.11.09

Total Marks:30

Sl. No.	Name of Trainees	Pre-Evaluation	Post Evaluation
	Nilam kumari Shaw	24	28
	Punam Shaw	24	28
	Mafuza Khatun	24	30
	Amina Parvin	24	28
	Rozina Khatun	24	30
	Chandna Khatun	24	26
	Champa Dey	24	30
	Jharna Das	24	30
	Sima Acharjee	24	30
	Kazi Nasima	24	30
	Dipamita Sharma	24	30
	Ashma Khatun	22	28
	Rubi Khatun	22	30
	Tapanki Chakraborty	22	24
	Jhuma Saha	20	22
	Dipa Das	20	28
	Priyanka Biswas	20	30
	Monisha Das	20	30
	Ayesha Parbin	18	26
	Shama Parbin	18	26
	Tuhina Parbin	18	26
	Puja Chowdhury	18	28
	Rehna Parbin	14	18
	Falha NR2	14	26
	Nikhat Rashid	14	26


Health Officer
Naihati Municipality

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

For the Month of ..December...09

Men: -

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)	
160	53	53	18	2	87	13	35	Warts - 5 Urinal fever - 5 Skin diseases - 5 URTI - 8	

= 23

.....
Signature of HO / AHO

Health Officer
South Dum Dum Municipality

A

Atulban
18.12.09

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

Memo No: SDDM/Health/205 /09-10

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



Date: 07.12.09

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

Sir,

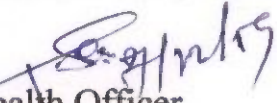
Sub : Monthly Report on Adolescent Friendly Clinics
November ,09

Please find herewith details report on Adolescent Friendly Clinic for the
Month of Novwember,09.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,


Health Officer.
Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

S.P.D.D.H. Municipality
Sanku Dum Dum

For the Month of November 09.

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)
145	54	54	16	1	79	11	42	Fever - 3 Malaria - 5 Worms - 4

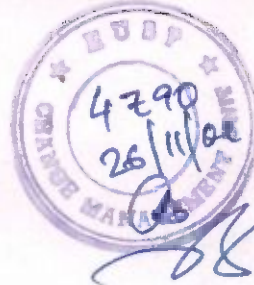
Signature of HO / AHO
South Dum Dum Municipality

H-E

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

Memo No: SDDM/Health/191/09-10

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



Date: 7.11.09

Anisban.
27.11.09

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

Sir,

Sub : Monthly Report on Adolescent Friendly Clinics Oct, 09

Please find herewith details report on Adolescent Friendly Clinic for the Month of Oct,09.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

Health Officer.

Health Officer

South Dum Dum Municipality

REPORTING FORMAT FOR ADOLESCENTS FRIENDLY CLINIC

SOUTH DUM DUM MUNICIPALITY

For the period of Oct ,09

Attended the Clinic	No. of Adolescents				Nature of Ailments			
	Hb % Estimated	Report for Hb % Obtained	Having less than 11 gm. % Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify)
159	58	58	10	—	79	19	23	Dental Caries-7 Malnutrition- 4 Fever- 7 Headach- 2 Dernatitis - 6 Worms - 12 <hr/> Total -38


Health Officer

Health Officer

South Dum Dum Municipality

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

Memo No: SDDM/Health/ 144 /09-10

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



Date: 07.07.09

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

Dr. Greshwan
10/7

Anshu
13.7.09

Sir,

Sub : Monthly Report on Adolescent Friendly Clinics June-09

Please find herewith details report on Adolescent Friendly Clinic for the Month of June-09.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

[Signature]

Health Officer.

Health Office
South Dum Dum Municipality.

REPORTING FORMAT FOR ADOLESCENTS FRIENDLY CLINIC

SOUTH DUM DUM MUNICIPALITY

For the period of ~~April-2008~~ ~~March-2009~~ JUNE - 2009

No. of Adolescents				Nature of Ailments				
Attended the Clinic	Hb % Estimated	Report for Hb % Obtained	Having less than 11 gm. % Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify)
201	135	135	41	1	94	11	41	Worm infection-12 LRTI- 11 Dental caries- 12 Skin Disease- 16 Sinusitis- <u>3</u> 54



Signature of HO / AHO
Health Office
South Dum Dum Municipality

Memo No. SDDM/UHIP/135/09-10

AW/Man.
15-06-09.

25512357,2743

Office of the Councillors of South Dum Dum Municipality
NAGER BAZAR, KOLKATA - 700074



Date:-8.6.09

~~Madam, this is regarding~~
H. Expert
Smt. Sarkar 12/6/09
Sri. Sankar S
12/6

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

Sir,

Sub: Monthly Report on Adolescent Friendly Clinics
May-2009.

Please find herewith details report on Adolescent friendly Clinics
For the month of May-09.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

Health Officer.
South Dum Dum Municipality

South Dum Dum Municipality

Madam.
I think this may be
meant for you
Sankar
12/6/09

Reporting format for Adolescents Friendly Clinics

Saikh Durr Durr Municipality

For the Month of ... *May* ... 20*19* ...

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)
179	54	54	17	7	93	11	49	EPILEPSY - 1 EYE - 2 SINUSITIS - 2 TUBERCULOSIS - 1 WOUNDS - 3 LRI - 2 URI - 2 UTI - 1 Dermatitis - 5 OBESITY - 1 WOUNDS - 3

Signature of HO/AHO

Saikh Durr Durr

Health Office
South Dum Dum Municipality

.....
 EPILEPSY - 1
 EYE - 2
 SINUSITIS - 2
 TUBERCULOSIS - 1
 WOUNDS - 3

Phase - 1
(Adolescent)

Receipt -
12.5.09

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

Memo No: SDDM/Health/116 /09-10

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

Date: 07.05.09



Health Extd -
h

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

Sir,

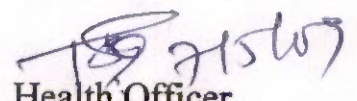
Sub : Monthly Report on Adolescent Friendly Clinics April-09

Please find herewith details report on Adolescent Friendly Clinic for the Month of April,09.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,



Health Officer.
Health Officer
South Dum Dum Municipality

Budge Budge
S. D. D. B.
Kalyani
Chandimayam

Reporting format for Adolescents Friendly Clinics

South Dum Dum Municipality

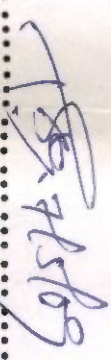
For the Month of APRIL, 09.

April

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)
156	44	44	26	NIL	91	18	26	Betanin } 8 Serris } Normal } infections } Total :- 21

S. D. D. B. Ap.

APRIL

.....

 Signature of HO/AHO

South Dum Dum Municipality
 Health Officer

Memo No. SDDM/Health/104/09 - 10

Phone :- 25512357,2743

Office of the Councillors of South Dum Dum Municipality
NAGER BAZAR, KOLKATA - 700074



Date: ~~16/4/09~~ 16.4.09.

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

Health
Health EXMT.
h.

Sir,

Sub: Annual Report of Adolescents Friendly Clinics 2008-09,

Please find herewith the Annual report for the year 2008 - 2009 in respect of Adolescents Friendly clinics held in different HAU's and sub-centre.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,


Health Officer.
Health Officer
South Dum Dum Municipality

S. Lalit
21.6.10.

★

PANIHATI MUNICIPALITY
Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS



From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / AHC / 26 / 10 - 11
To,
The Project Director , CMU
ILGUS BHAVAN, Sector-3, Bidhan nagar
Kolkata- 700 106

Date:- June 15, 2010

Subject: Report of 8 (Eight) "Adolescent Health Clinics" in Panihati Municipality for the Month of April 2010 and May 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,

15/6/10
Health Officer, Panihati Municipality.

PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

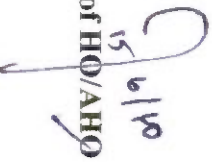
3.
From: The Health Officer
Panihati Municipality


**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of APRIL 2010

Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Nature of ailments				
				Psychological	Menstrual	GI	Anaemia	Others (Specify) ARI, Skin diseases etc
103	23	18	18	01	27	32	79	21

Signature of HO/AHO


15/6/10


28
32
79
21
120
2

PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARAGANAS

~~Signature~~
18
47
62
33
140

4.
From: The Health Officer
Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

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 gms% Hb	Psychological	Menstrual	GI	Anaemia
109	32	22	22		18	47	62	33

Signature of HO/AHO


15/6/10

Aniwan
16.4.10.

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

From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / AHC / 206/ 09- 10

Date:- March 23, 2010

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



Subject: Report of 12 (Twelve) "Adolescent Health Clinics" in Panihati Municipality for the Month of February 2010 and March 2010.

Sir,
Enclosed please find here with reports of 12 (Twelve) "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,

[Handwritten signature]
Health Officer, Panihati Municipality.

[Handwritten signature]
Health Officer
Panihati Municipality



PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

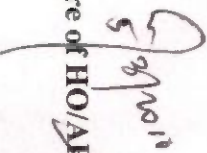
From: The Health Officer
Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of February 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.
109	48	39	37	01	12	28	49	19

Signature of HO/AHO



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

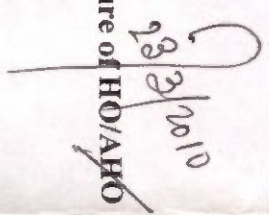
From: The Health Officer
 Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of March 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.
119	58	41	38	00	19	38	52	10

Signature of HO/AHO


 23/3/2010



Arisban.
8
23.02.10

DA

PANIHATI MUNICIPALITY
Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

From: The Health Officer,
Panihati Municipality

Memo No : PM/ H/ AHC / 176 / 09- 10

Date:- February 18, 2010



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

Subject: Report of "Adolescent Health Clinic" Camps in Panihati Municipality up to the Month of December 2009 & January 2010.

Sir,
Enclosed please find here with reports of 8 (Eight) Adolescent Health Clinics have under taken in the month of December'09 and January 2010 under Panihati Municipal area as per guidelines in Reporting Formats.
This is for favour of kind information and necessary action please.

Yours faithfully,

18/2/2010
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 January 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.
89	43	39	37	00	12	38	67	36



Signature of HO/AHO

[Handwritten Signature]
5/2/2010

Health Officer
Panihati Municipality

[Handwritten mark]

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


1.
 From: The Health Officer
 Panihati Municipality

**Reporting Format For
Adolescents' Friendly Clinics**

For the Month of December 2009

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.
82	41	32	31	00	13	34	68	28




 8/1/2010
 Signature of HO/AHO
 Health Officer
 Panihati Municipality

PANIHATI MUNICIPALITY
Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

Anisban
Sis
14-1-10
★

From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / IPP VIII/ ~~10~~ / 09- 10

Date:- December 13, 2010

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

Subject: Report of "Adolescent Health Clinic" Camps in Panihati Municipality up to the
Month of December 2009.

Sir,
Enclosed please find here with reports of ~~8~~ (Eight) Adolescent Health Clinics have under taken
in the month of December'09 Panihati Municipal area as per guidelines in Reporting Formats .
This is for favour of kind information and necessary action please.

Yours faithfully,

Health Officer, Panihati Municipality.

PANIHATI MUNICIPALITY
Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

From: The Health Officer,
Panihati Municipality

Memo No : PM/ Health / IPP VIII/150 / 09- 10

Date:- January 11, 2010

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

Subject: Report on "Adolescent Health Clinics" in Panihati Municipality for the Month of December' 2009.

Sir,

Enclosed please find here with reports on "Adolescent Health Clinics" have under taken in the Month of December 09 in Panihati Municipal area as per guidelines in Formats . This is for your kind information and necessary action please.

Yours faithfully,

11/1/2010
Health Officer, Panihati Municipality.

PANIHATI MUNICIPALITY

Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

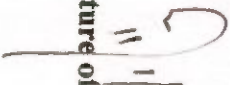
1.
From: The Health Officer
Panihat Municipalty

Reporting Format For
Adolescents' Friendly Clinics

For the Month of December '09

Attended the clinic	Hb% estimated	Report for Hb% obtained	Having less than 12 gms% Hb	Nature of ailments						
				Psychological	Menstrual	GI	Anaemia	Others (Specify) ARI, Skin diseases etc		
73	23	18	18	nil	13	18	43	12		

Signature of HO/AHO


11/12/09



Health Exmt / B

Anirba.
18.12.09

✶

PANIHATI MUNICIPALITY
Office Of the Health Department

PANIHATI, NORTH 24 PARGANAS

From: The Health Officer,
Panihati Municipality



Memo No : PM/ Health / ^{AHC} ~~PP-VII~~ / 257/09-10

Date:- December 2, 2009

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

Subject: Report of 8(Eight) Adolescent Health Clinic Camps in Panihati Municipality up to the Month of November 2009 (Started from 10.10.2009).

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

Yours faithfully,



[Signature]
Health Officer, Panihati Municipality.

Reporting format for Adolescents Friendly Clinics

..... PANIHATI Municipality

For the Month of October 2009 (Starting from 10.10.2009)
 Total No of Cases → 4 (10/10/09, 13.10.09, 24/10/09 & 31.10.09)

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)				
68	68	68	41	00	21	12	45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">RTI</td> <td style="text-align: center;">21</td> </tr> <tr> <td style="text-align: center;">NO. of cases</td> <td style="text-align: center;">18</td> </tr> </table>	RTI	21	NO. of cases	18
RTI	21											
NO. of cases	18											



Signature of HC / AHO
 Health Officer
 Panihati Municipality

✶

Reporting format for Adolescents Friendly Clinics

PANIHATTI Municipality

No of Cases :- 4 (7/11/09, 14/11/09, 21/11/09 & 28/11/09)
 For the Month of NOVEMBER - 2009

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)	
72	65	65	42	—	10	18	48	RTI 19	14 gm % 05



Signature of HO / AHO

Health Officer
 Panihatti Municipality



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

Memo No: SDDM/Health/160/09-10

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

Date 7.6.2010



Health Encl b

Sri Lahari
18.6.10

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

Sir,


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

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

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 ... May ... 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	Anae-mia	Others (Specify)	
131	35	35	10	—	64	16	35	4 of over high 2 - 3 - 3 -	

.....
South Dum Dum
Signature of HO/AHO

Health Officer
16/10

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

Memo No: SDDM/Health/133/09-10

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



Date: 9.4.2010

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

Health Exmt
h
Anjan.
21.5.10

Sir,

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

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

Kindly acknowledge receipt.

Thanking you,



Yours faithfully,

18.9/4/10
Health Officer.
Health Officer
South Dum Dum Municipality

Reporting format for Adolescents Friendly Clinics

South Dum Dum 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 11 gm % Hb	Nature of ailments					
				Psycho- logical	Mens- tural	GI	Anae- mia	Others (Specify)	
176	99	99	22	1	60	18	51	Worm infestation 18 Dental caries - 14 Dengue fever 5 Viral fever 7 Erythema 1 Hb Anemia 1	



 South Dum Dum Municipality
 Signature of HO/AHO

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

Memo No: SDDM/Health/104 /09-10

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

Date: 08.03.10



Health Expt.
K.

Ashish
16.3.10

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

Sir,

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

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

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

Sreyshandy
Health Officer
South Dum Dum Municipality
Kolkata

Reporting format for Adolescents Friendly Clinics

South Dum Dum 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 11 gm % Hb	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
129	61	61	20	1	58	10	31	Skin - 3 Stomach - 21 Others - 5

Signature of HO / AHO

South Dum Dum Municipality
Kolkata

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

Memo No: SDDM/Health/104 /09-10

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

Date: 07.01.10

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

Health Expt B
Anixom
21.1.10



Sir,

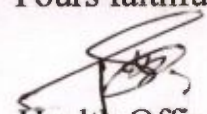
Sub : Monthly Report on Adolescent Friendly Clinics
December-09.

Please find herewith details report on Adolescent Friendly Clinic for the
Month of December-09.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

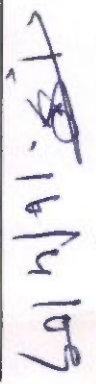

Health Officer.
Health Officer
South Dum Dum Municipality

REPORTING FORMAT FOR ADOLESCENTS FRIENDLY CLINIC

SOUTH DUM DUM MUNICIPALITY

For the period of April, 2008 - March, 2009

Attended the Clinic	No. of Adolescents				Nature of Ailments			
	Hb % Estimated	Report for Hb % Obtained	Having less than 11 gm. % Hb	Psychological	Menstrual	GI	Anaemia	Others (Specify)
2105	1263	1263	538	78	902	403	412	Skin Disease:- a) Eczema / Seb. Dermatitis -170 b) Worms Infestation -140 Total - 310



Signature of HO / AHO

Health Officer

South Dum Dum Municipality

Sri Lakshmi
23.6.10

Office Of The Rajarhat-Gopalpur Municipality

RAGHUNATHPUR, KOLKATA-700 059

ESTD. - 1994



CHAIRMAN:
TAPASH CHATTERJEE

VICE-CHAIRMAN:
BHUPATI SENGUPTA

Ref. No. 1409/RGM-42/10

Date.....16.6.2010.....

Health Envt -
12.

To
The Project Director,
ILGUS BHAWAN
CMU
Saltlake Sector-2

Sub:- Report of Adolescent's Friendly clinics
for the month of April'2010

Sir, Please find enclosed here with the
report of Adolescent's friendly clinics for
the month of April'2010. Kindly acknowledge
the receipt.

Thanking you,
Yours faithfully,

S Gupta

Dr. Sova Gupta
Health Officer:

Rajarhat-Gopalpur Municipality
Raghunathpur, Kolkata-59

H.A.U - VI

Reporting format for Adolescents' Friendly Clinics

.....R.G.M..... 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	Psychological	Mens-tural	GI	Anae-mia
14	7	7	1	-	-	-	1	7
86	41	41	14	0	5	5	9	32

total no
APRIL 10

Shila Date 9.6.10

PTMO
IPP VIII HAC No 6
Kavthal Sodalpur Municipality

Signature of HO / AHO

Dr. Sova Gupta
Health Officer
Kavthal Sodalpur Municipality
Kolkata-99

HAD-IV

Reporting format for Adolescents' Friendly Clinics

Rajarhat, Gopalpur, Municipality

For the Month of April, 2010..... (28/4/10)

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)
28	N/A	Nil	-	-	3	2	-	21 (Normal) 1 (Appendicitis) 1 (epilepsy)?

Signature of HO / AHO
Signature of HO / AHO / AHO
25/5/10

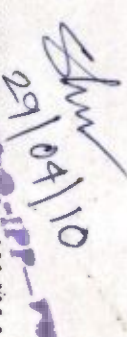
Legat.

Reporting format for Adolescents' Friendly Clinics

MAUV RGM Municipality

For the Month of April: 16

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)
09	Nil	Nil	-	,	03	02	02	02 (P.N.M. information)


 Date: 29/04/10
 Signature of HO / AHO
Dr. Sova Gupta
 Health Officer

Reporting format for Adolescents' Friendly Clinics

RAJARHAT...GOPALPUR Municipality

JHAU No. 3

For the Month of ...April'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)
35	34	34	13			1	6	

Signature of HO / AHO

[Signature]
 H.O. A.F.C. - VD
 E.A.U. No-3

Saharha-Gopalpur Mubler

Dr. Sova Gupta
 Health Officer
 Gopalpur Municipality
 Zaamraipur, Kolkata

Ambaran
16.4.10

Office Of The Rajarhat-Gopalpur Municipality

RAGHUNATHPUR, KOLKATA-700 059

ESTD. - 1994

CHAIRMAN:
TAPASH CHATTERJEE

VICE-CHAIRMAN:
BHUPATI SENGUPTA

Ref. No. 85A/RGM-123/2010

Date 17.4.2010

To
The Project Director
ILGAS AMBARAN
Salt lake city, Sector-II



Sub:- Reports of Adolescent's ~~Health~~ Friendly Clinics
of Rajarhat Gopalpur Municipality for
the month of March 2010.

Sir, Enclosed please find herewith the reports
of Friendly Clinics of Rajarhat Gopalpur
Municipality for the month March 2010.
This is for your kind information and necessary
action.

Thanking you
Yours faithfully

[Signature]
Dr. Soma Gupta

Rajarhat-Gopalpur Municipality
Raghunathpur, Kolkata-89

Reporting format for Adolescents' Friendly Clinics

Rajarat Gopalpur Municipality

For the Month of *March '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)
13	13	13	5		9	3	1	

Rajarat
P. T. G. I.P.T.-VD
L.A.O. No-3
Rajarat Gopalpur Municipality

hgh
 Signature of H.O./AHO
 Health Office
 Gopalpur Municipality
 Rajarat Gopalpur, Kolkata-89

[Handwritten mark]

H.A.U-IV

Reporting format for Adolescents' Friendly Clinics

Rajarat Gopalpur 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	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
33	28	23	7		15	5	3	

Signature of HO/AHO

Health Officer

Rajarat Gopalpur Municipality
Rajaratpur, Kolkata

Reporting format for Adolescents' Friendly Clinics

Rajarhat, Gopaldpur, 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	Psychological	Mens-tural	GI	Anaemia	Others (Specify)
43	43	43	18		16	02	18	

[Signature]
01/04/10

F. M. O-IP1-7H
DAD NO-3

[Signature]
Dr. Sova Kumar
Signature of IP1/AHQ
Gopaldpur, West Bengal
Kolkata-85

[Signature]

H.A.U-VI

Reporting format for Adolescents' Friendly Clinics

R.G.M. Municipality

For the Month of March - 2010

Attended the clinic	Hb % estimated	Report for Hb % obtained	having less than 12 gm % Hb	Nature of ailments				
				Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
15	4	4	no.	-	12	3	-	-

Signature of HO/AHO

PTMO

PPVHS Hat No 6
Rajshahi Sadar Municipality

Shilpa Das 31.3.10

Reporting format for Adolescents' Friendly Clinics

R.G.M
..... 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	Psychological	Mens-tural	GI	Anae-mia	Others (Specify)
17	16	16	5	—	7	5	5	—

P. Chandra Sekh
13/04/10

[Signature]

Signature of PHO/AHO

Health Office
Gopalpur Municipality
Rajnagarapur, Kolkata-66

14 AU No 11

[Signature]