

संख्या: शिक्षा-यू (जी-111) विविध / 2015 / - 10948-266
कार्यालय उप शिक्षा निदेशक उच्चतर
ऊना जिला ऊना (हि0प्र0)

दिनांक जून 2017


सेवा में

समस्त प्रधानाचार्य/मुख्याध्यापक
सरकारी/गैर सरकारी पाठशालाएं
ऊना जिला ऊना (हि0प्र0)

विषय:- प्रपत्र भेजने बारे ।

ज्ञापन,


उपरोक्त विषय पर इस कार्यालय के पत्र संख्या: शिक्षा-यू (जी-111)/2017/-
10386-586 दिनांक 6-6-2017 के सन्दर्भ में आपको कंत्रयकर्म की सूची भेज दी गई है और प्रपत्र इस
कार्यालय को प्राप्त हुए है जो कि आपको भेजे जा रहे है और आपको आदेश दिए जाते है कि सूचना
प्रपत्र पर भर कर दो दिन के भीतर इस कार्यालय को भेजे ताकि सूचना चिकित्सा अधिकारी ऊना को
भेजी जा सके । देरी के लिए आप स्वयं उत्तरदायी होंगे ।


उप शिक्षा निदेशक उच्चतर
ऊना जिला ऊना (हि0प्र0)

पृष्ठांकन संख्या : सम
प्रतिलिपि:-

दिनांक

चिकित्सा अधिकारी ऊना जिला ऊना को सूचनार्थ प्रेषित है ।


उप शिक्षा निदेशक उच्चतर
ऊना जिला ऊना (हि0प्र0)

Format 2-A – School Pre Campaign

(School Principal to ensure this information reaches MO I/C in time)

Block	Village / Urban Area:		School vehicle available	yes / no	
School name & address:					
Govt/ Private	Co-ed/ Boys only / Girls only (Encircle)				
School team leaders					
Principal name	Landline	Cell	Board ICSE/CBSE/State/Others		
School nodal person MR Campaign vaccination (Name & Tel number):					
Total Students under 15 year :		Total classes with children under 15			
Class leads training planned on DD/MM/YYYY		Total rooms in school			
Class leaders with Students details (up to 15 years)					
Class/ class section	Total students	Name & Mobile number of class lead (teacher)	PTM date planned for MR	PTM date planned for MR	Student –teacher interaction date planned

2 B . School Planning format

Block/urban area: _____

District: _____

State: _____

Planning unit: _____

Sr. No	Village / Urban Locality (Ensure that all areas are involved in microplanning by cross verifying with Form 1A and 1B)	Date of vaccination	Name of the school/institution (Ensure that all schools/institutions in areas are involved in microplanning by cross verifying with Form 1A, 1B and 2A)	Name of 1st Line Supervisor with designation	Distance from ILR point	Time of vaccination	No .of Benefeciaries	Team Details		School Nodal Person	Logistics requirement										AEFI
								Name of Vaccinator(s)	Name of volunteers (ASHA, AWW, others)		Name	Contact Number	Measles-Rubella Vaccine Vials (10 dose vial)	Measles-Rubella Diluent Ampoules (M)	AD (0.5 ml) syringe (F 111)	Reconstitution syringe (5 ml) (= M) Hub Cutter (1 per vaccinator)	Red Plastic Bags (1 bag per 50 syringes)	Black Plastic Bags (2 per site)	Indelible Marker Pens (1 pen per 250 beneficiaries)	MR vaccination card (=F X 2)	
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	U	

The datewise planning in each row is for one session in one school. There can be more than 1 session in one school - the number of rows will accordingly increase. The number of sessions is decided from column (J) and (K) in FORM 1B.



Training Workshop for Measles-Rubella Vaccination Campaigns



Class wise School MR Campaign Coverage Report

MR Campaign FORM - 2E

School fills this up and shares with Planning unit / Block level

State: _____ District: _____ Block/urban area: _____ Planning unit: _____

School name: _____

Address (Village/Urban area): _____

Encircle: Govt/ Private/ Aided

Principal name & Telephone number: _____

Board of school: ICSC/CBSC/State board/other (specify)

Total no days activity planned in school: 1/2/3/4/5/6

School nodal person for MR Campaign vaccination (Name & Tel number): _____

Sr No	Date of vaccination	Day of vaccination	Class	Total Target Children in school	No of Children vaccinated	% achieved	Activity Status
		Day -1					Completed/Ongoing
		Day -2					Completed/Ongoing
		Day -3					Completed/Ongoing
		Day -4					Completed/Ongoing
Total							

* In case the activity is > 1 day planned in school then the data reporting officer should mention day/date wise report till activity compilation

Signature Principal