

संख्या: शिक्षा-यू (जी-1) विफस /2018/- 11582  
कार्यालय शिक्षा उप-निदेशक उच्चतर  
ऊना जिला ऊना (हि0प्र0)

दिनांक 05 अप्रैल 2019

सेवा में

सम्बन्धित प्रधानाचार्य/मुख्याध्यापक  
राजकीय/अराजकीय वरिष्ठ/उच्च पाठशालाएं  
जिला ऊना (हि0प्र0)

विषय:- विफस की सूचना प्रपत्र पर भेजने बारे ।


ज्ञापन,


उपरोक्त विषय के सन्दर्भ में आपको सूचित किया जाता है, कि दिनांक 4-4-2019 को मुख्य चिकित्सा अधिकारी ऊना से प्रपत्र प्राप्त हुए हैं । और चाहा है, कि सूचना समय पर और केवल प्रपत्र पर ही भेजी जाए । कुछ पाठशालाओं की सूचना प्रपत्र पर प्राप्त नहीं हो रही है । इसलिए प्रपत्र आपको भेजकर निर्देश दिए जाते हैं, कि सूचना समय पर भेजी जाए । कक्षा प्रभारी/नोडल अध्यापक तथा तथा प्रधानाचार्य/मुख्याध्यापक के लिए अलग-2 प्रपत्र संलग्न है । उसी के अनुसार/समयानुसार प्रपत्र भेजें ।

संलग्न: 3

प्रतिलिपि:

मुख्य चिकित्सा अधिकारी ऊना को सूचनार्थ प्रेषित है ।

  
शिक्षा उप-निदेशक उच्चतर  
ऊना जिला ऊना (हि0प्र0)

  
शिक्षा उप-निदेशक उच्चतर  
ऊना जिला ऊना (हि0प्र0)

**WEEKLY IRON FOLIC ACID SUPPLEMENTATION PROGRAMME (WIFS)  
HIMACHAL PRADESH**

**MONTHLY REPORT (CLASS REPORT)**

(To be submitted to Nodal Teacher by 7<sup>th</sup> of every following month)

Name of School:	Class:	Month / Year:
Opening stock of IFA:	Total Numbers of IFA tablets received:	
NHE session conducted in the month:	Girls:	Boys:
Numbers of Students	Teachers:	Total:
Numbers given 4/5 IFA tablets (Every Wednesday)		
Students referred ( moderate / severe anemia)		
Total IFA consumed:	Balance IFA in stock:	

Signature of Class Teacher

**WEEKLY IRON FOLIC ACID SUPPLEMENTATION PROGRAMME (WIFS)  
HIMACHAL PRADESH**

**MONTHLY REPORT ( SCHOOL REPORT)**

(To be submitted to Principal / Headmaster latest by 10<sup>th</sup> of every following month)

Name of District:	Block:	Village / Town		
Name of School:	No. of classes (6-12 <sup>th</sup> )	Reporting month / year		
Total No. of 6-12 <sup>th</sup> class students:	Girls:	Boys		
Total number of teachers:	No of Helpers:			
Opening stock of IFA:	Date of Supply of IFA tablets in school:			
Quantity of IFA received:	Batch No. & Date of expiry of IFA:			
Population covered in reporting month	Girls	Boys	Teachers	Total
Given 4 IFA tablets per month (5 in case of 5 week in a month)			8 Helpers	
Students with moderate / severe anemia referred				
Total IFA tablets consumed by students:	Total number of tablets consumed by teachers:			
Balance IFA tablets:				

Signature of Nodal Teacher ✓

Education Blockwise  
BLOCK

**WEEKLY IRON FOLIC ACID SUPPLEMENTATION PROGRAMME (WIFS)  
HIMACHAL PRADESH**

**MONTHLY REPORT of Govt. Sr. Sec. / Govt. High School**

(To be submitted to Dy. Director of Higher Education / CMO latest by 15<sup>th</sup> of every following month)

Name of District:		Name of the Block				
Reporting month and year:		Total numbers of Schools (6-12 <sup>th</sup> class):		Total number of Nodal Teachers:		
Target population	Girls:	Boys:	Teachers:	Helpers :		
Opening stock of IFA:						
Date of supply of IFA:						
Quantity of IFA received:						
Date of expiry and Batch number of IFA						
Population covered in the reporting month			Girls	Boys	Teachers & Helpers	Total

Signature of BMO

OR

Signature of Principal / Headmaster

1/BEED  
BEED