Format 1 - Individual Compliance card

ANNEXURE 1

Name			Village / City				School				Age		Date of starting	
	Deworming		Weekly Iron Folic Acid Tablets											
Class / Age	Date of 1st Dose	Date of 2nd dose	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov.	Dec
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
			1 2 5 3 4	1 2 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4	1 2 5 3 4
Note: There is a provision for noting the consumption of 5th tablet of IFA reopresented by the 5th circle in the event there is a fifth week in the month														