

ANNEXURE 2											
Format 2 - Class wise Monthly Register											
Name of school:					Class:		Month:			Year:	
Total WIFS tablets received:			Date of Weekly IFA Tablets consumption (4 tablets/ month)					Remarks/ reason for non-compliance (less than 4 tablets per month) /referral	De-worming tablets in month of February/ August (specify date)		
Sl . n o.	Name of Student	F/M	1 ^s t w e e k	2 nd w e e k	3 ^r d W e e k	4 ^t h W e e k	5 th W e e k			To tal	
Total students in the class:			Opening stock of IFA:					Number of non-compliant students:	Total Deworming tablets given:		
Total Girls given 4/5 IFA tablets:			TOTAL IFA consumed:						Balance stock of De-worming tablets:		
Total boys given 4/5 IFA tablets:			BALANCE IFA stock:					Number of moderate/severe anaemia referred:		Total girls given deworming tablets:	
Total students given 4/5 IFA tablets:			Nutrition Health Education session planned in the reporting month:						Total boys given deworming tablets:		
Total number of nodal teachers:			NHE session conducted in the month:								
Total number of teachers given 4/5 IFA tablets:											