ANNEXURE 7 A

Format 7 - Monthly format for Aganwadi centre

Area Code…….. **Block……** **Month ……..**

Name of AWC…… **Name of AWW……..**

Sno.	Name of girl/Father's name	Age	Date of consuming IFA (*4 tablets/month per month 5 tablets in case of five weeks in a month)*					Reason for non compliance (*less than 4 tablets per month*
			1st week	2nd week	3rd week	4th week	5th week	
Total girls given 4/5 IFA tablets:								**Number of non-compliant girls:**
Total IFA consumption by the AWW (4/5 IFA tablets):								
Girls with moderate/severe anaemia referred:								
Total IFA tablets consumed:								
Balance stock of IFA at AWC:								

Aganwadi Worker **ICDS Supervisor**