ANNEXURE 7B			
Format 7B - Monthly Report for ICDS Supervisor			
State:		**District:**	**Block:**
Reporting month and year:		**Name of Sector:**	
Name of Project:	**Number of AWCs in the sector:**	**Number of AWWs in the sector**	
Name of ICDS Supervisor:		**Target population of girls for the month;**	
a)	**Opening stock of IFA**		
b)	**Date of supply of IFA:**		
c)	**Quantity of IFA received by sector:**		
d)	**Opening stock of Albendazole:**		
e)	**Date of supply Albendazole:**		
f)	**Quantity of Albendazole received by sector:**		
g)	**Batch Number of IFA tablets:**	**Date of expiry of IFA:**	
Adolescent population covered in reporting month		4 IFA tablets per month (5 tablets in case of five weeks in a month)	
h)	Girls given WIFS tablets		
i)	Grand Total of girls given WIFS tablets		
j)	Number of non-compliant girls		
k)	Total IFA Tablets consumed by the AWW		
l)	Total adolescents with moderate/severe anaemia referred		
m)	IFA tablets stock	**Consumed:** **Balance:**	
If February/August month for de-worming			
n)	Girls given Albendazole tablets		
o)	Albendazole tablets stock	**Consumed:** **Balance:**	
Remarks			
ICDS Supervisor (name and signature)			