

QUARTERLY/YEARLY PROGRESS REPORT IN RESPECT OF ABANDONED BABIES HOMES

(GEHWARA)

PROJECT INFORMATION:

1. Progress report Quarterly/Annual: _____
2. Date of establishment of the Institution: _____
3. Name of the officer in charge/Suptt: _____
4. Date of posting: _____ 5.: Contact No. of the In charge :office
_____ (cell) _____ Email id _____ 6. Address of
the institution: _____

S.No	7. INFORMATION REGARDING CHILDREN	Female	Male
i.	No. Of Children in the Previous Quarter/Year		
ii.	No. of Children admitted during the Quarter/Year		
iii.	No. of children restored/ returned/ fostered during the Quarter/Year		
iv.	No. of children referred to Orphanages or other Institution during the Quarter/Year		
v.	No. of Children present at the end of Quarter/Year		
S.No	8. <u>SOURCE OF REFERRAL INTO GEHWARA</u>	Female	Male
i.	Police		
ii.	Private Individual		
iii.	NGO		
iv.	Hospital		
v.	Voluntary Social Welfare Agency		
vi.	Any other		

9. CHILDREN AGE GROUP

AGE	0-6 Months	6-12 Months	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years
No. Of beneficiaries during the Quarter							

10. TYPE OF REHABILITATION OF CHILDREN AFTER 6 YEARS OF AGE THROUGH

Adoption by families	SOS Village	Model children home	Relatives/Family	Death Case (if any)

S.No	11. ACTIVITIES/ SERVICES PROVIDED	NO OF CHILDREN
i.	Free boarding and lodging	
ii.	Free education facilities	
iii.	Nursery education for the children of 3-6 years of age	
iv.	Follow up of adopted/rehabilitated children (on regular basis)	
v.	No. of visits to Maternity Hospitals by SWO	
vi.	No. of meetings with medical superintendents of different hospitals.	
vii.	No of children provided Clothing	
viii.	No of children provided Medical facility	
ix.	Religious Education	

12. ADVISORY COMMITTEE		YES	NO	Any Remarks
a.	Notification date of Advisory Committee			
b.	Advisory Committee Active			
c.	No of meetings of Advisory Committee			
d.	Financial Contribution of Advisory Committee			
e.	Balance in Bank Account			
f.	Any Contribution in terms of Activity			

13. DIFFERENT EFFORTS/INTERVENTIONS INITIATED BY INVOLVING NGOs/CBOs/ADVISORY COMMITTEE/etc.

a.	
b.	
c.	

14. EVENT CELEBRATION

a.	
b.	
c.	

15. PROBLEMS/DIFFICULTIES

a.	
b.	
c.	

16. SUGGESTIONS/RECOMMENDATIONS

a.	
b.	
c.	

(INCHARGE)
GEHWARA
 SOCIAL WELFARE & BAIT-UL-MALL, PUNJAB
 DISTRICT _____.