

**PROGRESS REPORT PROFORMA IN RESPECT OF MEDICAL SOCIAL SERVICES PROJECT/
MODEL DRUG ABUSE CENTERS/etc**

PROJECT INFORMATION:

1. Project Name : _____ District: _____
2. Progress report annual/ Quarter: _____
3. Date of establishment of the project: _____
4. Name of the officer in Charge: _____
5. Date of posting: _____ 6: Contact No. of the In Charge: office _____ (cell) _____
Email id _____

7	INFORMATION REGARDING SERVICES OF PROJECT	No. of Beneficiaries quarter/year	
a.	No. of case histories prepared		
b.	No. of Lectures Delivered to Students/ Patients/ Families on:		
	Medical Social Work	Community Health	Anti- Narcotics etc.
c.	No. of Field Follow up Visits conducted		
d.	No. of ward visits		
e.	No. of Patients who benefited from Drug Bank		
f.	Blood Collection activity:		
	1. Through medical camping		
	2. Through blood donor society		
	3. Through individual contact		
	4. Through Other sources (pls specify)		
g.	No. of patients provided blood		
h.	No. of patients provided reading material e.g. Books, Magazines / Newspaper		
i.	No. of patients provided religious education/ Psycho-Social Therapy / counselling		
j.	No. of patients participated in recreational Activities (please specify)		

	1.		
	2.		
	3.		
Services rendered through Patient Welfare Society			
k.	Balance in the account of PWS in RS.		
l.	Previous balance in the account in RS.		
m.	Funds granted during the quarter in R.S.		
n.	Utilization of funds within this quarter in RS.		
o.	No. of Beneficiaries benefited from these funds.		
p.	Date of last election		
q.	No. of meetings held during the quarter		
r.	Services given to patients in terms of kind/material	No. of Beneficiaries	Donation items provided
	1.		
	2.		
	3.		
	4.		
Pakistan Bait-ul-Maal			
s.	Funds Received in RS.		
t.	Utilization of funds within this quarter in RS.		
u.	No. of patients got assistance from PBM		
Punjab Bait-ul-Maal			
v.	Funds Received in RS.		
w.	Utilization of funds within this quarter in RS.		
x.	No. of patients got assistance from PBM		

y.	Health Welfare Committee (HWC) Grant in aid received during the year /quarter	
z.	No. of patients got benefitted from Zakar funds (Beneficiaries)	
aa.	No. of meetings of HWC held during the quarter	
bb.	Initiatives taken by the MSO for the betterment of the services	

Signatures of officer

Date: _____