

<b>Drug Rehabilitation Center</b>		
MONTHLY PROGRESS REPORT FOR THE MONTH OF .		
POSTAL ADDRESS:		
Institution Established:		
1. NAME OF OFFICER:		
2. DATE OF POSTING:		
3. Email id		Incharge Contact:
		Ph:

S.No	1. INFORMATION REGARDING DRUG ADDICTS	Total
i.	No. of Drug Addicts reported in the Previous Quarter/Year/month	
ii.	No. of Drug Addicts admitted in the quarter/year/month	
iii.	No. of Drug Addicts discharged in the quarter/year /month	
iv.	No. of Drug Addicts present at the end of Quarter/Year/month	
v.	No. of Case histories prepared in the Quarter/year/month	
S.No	1. INFORMATION REGARDING DRUG ADDICTS SINCE INCEPTION	Total
i.	No. of Drug Addicts admitted since inception	
ii.	No. of Drug Addicts discharged since inception	
iii.	No. of Case histories prepared since inception	
S.NO	2. INFORMATION REGARDING TYPES OF ADMISSION	Total
i.	No. of Direct /Voluntary Admission in this quarter/year/month	
ii.	No. of Drug Addicts Referred from Hospitals, line departments	
iii.	No. of Drug Addicts Referred from NGOs/Philanthropist/Advisory Committee	
iv.	No. of Drug Addicts Referred from other sources (please specify)	
S.No	3. TREATMENT CENTER SERVICES	Total
i.	No. of addicts provided Detoxification treatment	
ii.	No of drug addicts provided psychological counseling/ Therapy	
S.No	4. REHABILITATIVE SERVICES	Total
4.1. PRIMARY REHABILITATION		Total
i.	No of drug addicts provided Religious Education	
ii.	No. of addicts provided drug education/awareness	
iii.	No of drug addicts provided Recreational Activities	
iv.	No. of family counseling sessions.	
S.No	4.2. SECONDARY REHABILITATION	Total
i.	No. of drug addicts provided vocational/ technical trainings	
ii.	No. of Drug Addicts assisted for job Arrangement.	
S.No	4.3. FOLLOW UP	Total
i.	No. of Follow ups of rehabilitated cases	
ii.	No. of Follow ups of cases having treatment only	

<b>S.No</b>	<b>5. BUDGET BALANCE SHEET</b>	<b>Total</b>
i.	Total Budget Allotment for the Current Financial Year	
ii.	Govt. budget allotment during the Quarter/Year	
iii.	Utilization during the Quarter/Year	
iv.	Electricity Bill	
v.	Gas Bill	
vi.	Telephone Bill	
<b>S.No</b>	<b>6. ADVISORY COMMITTEE</b>	<b>Total/Remarks</b>
i.	Date of Notification of Advisory Committee	
ii.	No. of meetings of Advisory Committee during the quarter/year/month	
iii.	Financial Contribution of Advisory Committee (donations in RS)	
iv.	Contribution of Advisory Committee in kind	
v.	Balance in Bank Account(PKR)	
<b>S.No</b>	<b>Donations</b>	<b>Total</b>
1	Donations recived during the month/quarter other than advisory committee in terms of cash	
2	Donations recived during the month/quarter other than advisory committee in terms of kind please specify	
<b>7. EVENTS CELEBRATION</b>		
a.		
b.		
c.		
<b>7. EFFORTS/INTERVENTIONS by INCHARGE (if any please give detail)</b>		
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
<b>8. PROBLEMS</b>		
a.		
b.		
c.		
d.		
<b>9. SUGGESTIONS</b>		
a.		
b.		
c.		