

**QUARTERLY/ ANNUAL PROGRESS REPORT IN RESPECT OF MOTHER AND CHILDREN HOME  
(DAR-UL-FALLAH)**

**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: \_\_\_\_\_

8. INFORMATION REGARDING FAMILIES OF THE INSTITUTION		No. of Families	WOMEN	CHILDREN	TOTAL
a.	No. of families carried over from previous quarter/year				
b.	No. of families admitted during present quarter/year				
c.	No. of families discharge during present quarter/year				
d.	No. of families present at the end of the quarter/year				
e.	No of case histories prepared by SWO				
f.	<b>No. of families provided monthly stipend with</b>	<b>1 children Rs.</b>	<b>2 Children Rs.</b>	<b>3 or more Children Rs.</b>	<b>Any other</b>
9. MODE OF REHABILITATION			WOMEN	CHILDREN	TOTAL
a.	No. of women Rehabilitated with Relatives/Friends/Husband				
b.	No. of women Rehabilitated through employment/job				
c.	No. of women Rehabilitated through marriage.				
d.	No. of women Rehabilitated through skill work/vocational training				
e.	No of women provided order work				
f.	Follow up cases after rehabilitation				
g.	Any other (please specify)				

10. GENERAL ACTIVITIES/ SERVICES RENDERED TO RESIDENTS		NO.OF BENEFICIARIES		
		WOMEN	Children	TOTAL
a.	Religious classes			
b.	Nursery Classes			
c.	Primary Education			
d.	Secondary Education			
e.	Home Economics classes			
f.	Hand & Machines embroidery			
g.	Hand & Machine Knitting			
h.	Cutting & Sewing of Garments			
i.	Recreational facilities			
j.	Adult education			
k.	Any other activity (please specify)			
11. 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/Kind			
12. MEDICAL SERVICES RENDERED TO RESIDENTS OF THE INSTITUTION		WOMEN	CHILDREN	TOTAL
a.	No. of residents provided Medical checkup with medicines in present quarter/year			
b.	No of lectures delivered on health/ Education/ Civics in present quarter/year by incharge			
c.	Follow up services			
d.	Any other (please specify)			
13. EVENTS CELEBRATION /Any other Activity				
a.				
b.				
c.				
d.				

<b>14. PROBLEMS/DIFFICULTIES</b>	
a.	
b.	
c.	
<b>15. SUGGESTIONS/RECOMMENDATIONS</b>	
a.	
b.	

**(INCHARGE)**  
**MOTHER AND CHILDREN HOME (DAR-UL-FALLAH)**  
**SOCIAL WELFARE & BAIT-UL-MALL. PUNJAB**