

**MONTHLY PROGRESS REPORT IN RESPECT OF MODEL CHILDREN HOME (MALE/FEMALE)**  
**(ORPHANAGE HOME)**

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	INFORMATION REGARDING CHILDREN OF INSTITUTIONS	CHILDREN			
		Parentless (Destitute)	Orphans	Poor	Total
a.	No. Of Children carried over from previous month				
b.	No. of Children admitted during present month				
c.	No. of Children discharged during present month				
d.	No. of Children present at the end of the month				
e.	No. of expulsion of Children from institution due to Disciplinary problem				
f.	No. of educational Scholarship through Bait-ul-Maal / other				

S.NO	INFORMATION REGARDING CHILDREN OF INSTITUTIONS SINCE INCEPTION	Parentless (Destitute)	Orphans	Poor	Total
a.	No. of Children admitted since inception				
b.	No. of Children discharged since inception				
c.	No. of expulsion of Children from institution due to Disciplinary problem since inception				
d.	No. of educational Scholarship through Bait-ul-Maal / other since inception				

	Mode of Rehabilitation	Children
a.	No. of Children Rehabilitated with Family	
b.	No. of Children Rehabilitated with Foster Parents	
c.	No. of Children Rehabilitated through Job Placements	
d.	Follow Up of Rehabilitated Children	

S.No	SOURCE OF REFERAL (CURRENT ADMITTED CHILDREN)	CHILDREN
a.	No. of Children referred by Social Welfare Officer / Staff of SW	
b.	No. of Children referred by Advisory Committee	
c.	No. of Children referred by NGO's / Social Workers	
d.	No. of Children referred by Gehwara	
e.	Any other (please specify)	

S.No	GENERAL ACTIVITIES PROVIDED TO CHILDREN	CHILDREN
a.	Primary education	
b.	Middle education	
c.	Matric education	
d.	Intermediate	
e.	Technical Vocational Education	
f.	Religious Education	
g.	Extra Curricular Activities	
h.	Recreational Activities	
i.	Out door trips	
j.	Indoor trips	
k.	Any other	

S.No	MEDICAL SERVICES PROVIDED TO CHILDREN	CHILDREN
a.	No. of Children provided Medical checkup with medicines in present month	

S.No	Advisory Committee Information	REMARKS	Total
1	Date of notification of Advisory Committee		
2	Is the Advisory Committee active (Yes/No)		
3	No of meetings of Advisory Committee (attach minutes of meeting)		
S.No	Budget Balance Sheet		
1	Financial Contribution of Advisory Committee during the month/quarter Rs.		
2	Balance in Bank Account of advisory committee at the end of month/quarter in Rs.		
3	Balance utilized during the month/quarter in Rs.		
4	Amount of Electricity bills of this month/quarter in Rs.		
5	Amount of Gas bills of this month/quarter in Rs.		
6	Amount of Telephone bills of this month/quarter in Rs.		
S.No	Donations	Total	
1	Donations received during the month/quarter other than advisory committee in terms of cash		
2	Donations received during the month/quarter other than advisory committee in terms of kind please specify		

<b>12. Event Celebration /Any other Activity</b>	
a.	
b.	
e.	
<b>13. Problems Difficulties</b>	
a.	
b.	
c.	
d.	
<b>14. Suggestions / Recommendations</b>	
a.	
b.	
c.	

Supintendent  
Model Children Home  
District