

MONTHLY PROGRESS REPORT IN RESPECT OF MOTHER AND CHILDREN HOME (DAR UL FALAH)

MONTHLY PROGRESS REPORT FOR THE MONTH OF .

POSTAL ADDRESS:

Institution Established:

1. NAME OF OFFICER:

2. DATE OF POSTING:

3. Email id

Incharge Contact:

Office Ph:

Information Regarding Families of the institution		Number of Families	Women	Children	Total
a.	No. of Families carried over from previous Month.				
b.	No. of families admitted during present month				
c.	No. of Families discharge during present month.				
d.	No. of Families present at the end of the month.				
e.	No. of case histories prepared				
f.	No. of families provided monthly stipend with	1 Children Rs. 3000	2 children Rs. 3500	3 or more children Rs. 3500	

COMPREHENSIVE PROGRESS REPORT.		Number of Families	Women	Children	Total
S.NO	Families Since Inception				
1	No of Families admitted since inception including month uner Report.				
2	No of Families discharge since inception including month uner Report.				
3	No of Families rehilitated since inception including month uner Report.				
4	No of Families left own inception including month uner Report.				
5	No. of families provided monthly stipend with	1 Children Rs. 3000	2 children Rs. 3500	3 or more children Rs. 3500	

.Mode of Rehabilitation		Number of Families	Women	Children	Total
a.	No. of women rehabilitated with relatives/friends/husband				
b.	No. of women rehabilitated through employment/job				
c.	No. of women rehabilitation 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 (Through Telephonically)		-	-	-
g.	Any other (please specify)				

General Activities/Services rendred to Families		Number of Families	WOMEN	CHILDREN	TOTAL
a.	Religious Classes				
b.	Nursery Classes				
c.	Primary Education				
d.	Secondary Education				
e.	Adult education				
f.	Vocational Training				
g.	No. of Families provided Medical treatment present month/quarter /year				
h.	Recreational Facilities (Indoor/Outdoor)				
i.	Any other activity (please specify)				

Advisory Committee		Status
a.		
b.	Notification date of Advisory Committee	
c.	Advisory Committee active	
d.	No. of meetings of Advisory Committee	
e.	Financial Contribution of Advisory Committee	
f.	Balance in bank account	
	Any Contribution in terms of kind	

Budget Balance Sheet		Total
b.	Budget Allottment during the financial year	
c.	Balance utilized during the month/quarter in Rs.	
d.	Amount of Electricity bills of this month/quarter in Rs.	
e.	Amount of Gas bills of this month/quarter in Rs.	
f.	Amount of Telephone bills of this month/quarter in Rs.	
	Other Expenses	

Donations		Total
a.	Donations in Cash Other than Advisory Committee	
b.	Donations in kind Other than Advisory Committee	

12. Event Celebration /Any other Activity	
a.	
b.	
e.	

13. Problems Difficulties	
a.	
b.	
c.	
d.	

14. Suggestions / Recommendations	
a.	
b.	
c.	

SUPERINTENDENT
MOTHER & CHILDREN HOME