



STOCK INDENT REGISTER

Name of Health Institution

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Period : FROM TO

N.B. This Register should be brought in toto while making indent of any equipment/furniture/drug/medicine/vaccines. Two similar copies are to be made, one to be retained by the office making the indent and other copy to be retained by the office issuing the indented items.

Separate pages should be made for (i) Drugs & Medicines, (ii) Bazar articles, (iii) Hospital equipment and (iv) Vaccines & A.D. Syringes.

STATE HEALTH SOCIETY, MANIPUR

STOCK INDENT

Name of Health Institution :

District :

Date :

Sl. No.	List of indented articles	Date of last receipt	Quality last received	Quantity at balance	Quantity now required	Quantity issued	remarks

Signature with name & designation
Of receiving staff

Signature with name & designation
of issuing staff

Signature with name & designation
of staff making indent



ELIGIBLE COUPLE & CHILDREN REGISTER

Name of Health Institution

.....

Period : FROM TO

STATE HEALTH SOCIETY, MANIPUR

2.B. LIST OF CHILDREN BELOW 15 YEARS IMMUNIZATION AND SERVICES (ENTER DATE OF SERVICE)

Sl. No.	E.C. No.	Name of Child	Age	Sex	D.P.T.				POLIO				BCC	Measles	D.T. Pri. School Children			T.T. 10 (YEARS)		TYPHOID VACCINE		OTHERS	I & F acid Beneficiaries		Vita. 'A' Beneficiaries Children 1-3 years				
					I	II	III	B	I	II	III	B			I	II	B	I	II	I	II		Initiated	Completed 100 tablets	I	II	III	IV	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

B.D. – Booster for Children above 1 year and below 6 years Iron and Folic, DTP – Diphtheria portusis Tetanus Toxoide.

2. ELIGIBLE COUPLE & CHILDREN REGISTER (ECCR)
A. PARTICULARS OF ELIGIBLE COUPLE (Age of Wife between 15-44 Years)

Sl. No.	House No.	Date of Regn.	Name of Husband (H) Name of Wife (W) & Address	Age of (H) & (W)	No. of living children		No. of children below 6 years	Age of youngest living child	Pregnant	Whether use F.W. Methods	If Using F.P. Specify method & date of Acceptance, if not give reason	Marks	Follow up particulars with date
					M	F			YES/NO	YES/NO			
1	2	3	4	5	6	7	8	9	10	11	12	13	14

For subsequent visit/extra blank sheet may be provided.

NOTE : Make entries for 2/3 couples on each page & show immunization status of their children on the reverse side (From 2 B)



VILLAGE HEALTH REGISTER

Name of ASHA

Name of Village/Hamlet

Name of Gram Panchayat

Name of District

STATE HEALTH SOCIETY, MANIPUR

Aims for maintaining the Village Health Register

1. To generate awareness about available Health Facilities to each and every family.
2. To identify families needing special attention of the ASHA/ANM
3. To assist Village Health Committees/Village Panchayats/Village Councils in preparing their Annual Village Health Action Plans.

Note : How to fill up the Register ? Please refer to the last page of this Register

GENERAL INFORMATION

District..... Block..... Sector..... Sub-Centre.....
Panchayat..... Village/Hamlet..... No. of households..... Population.....

DISTANCES

Nearest Sub-Centre..... Distance in kms.....
Nearest Primary Health Centre..... Distance in kms.....
Nearest Community Health Centre/Sub-District Hospital..... Distance in kms.....

NAMES

ANM/Female Health Worker..... Male Health Worker.....
Medical Officer, PHC..... Pradhan.....
Anganwadi Worker..... Drug Depot Holder.....
Trained Birth Attendants 1..... 2..... 3.....

BASIC INFORMATION

Main source of drinking water :

Hand-pump

Well

Tape

TRANSPORT & COMMUNICATION FACILITY

All-season motor-able road

Motor-able only during dry season

Not motor-able throughout year

Bur facility

Parking-place.....

Distance of Parking place from Village/Hamlet

Other transport facility :

Jeep

Tempo

Tractor

Bullock-cart

Name of owner of the transport facility.....

Village Market Day.....

Monthly Village Health & Nutrition Day.....

Telephone

Branch Post-Office

Police Station

Anganwadi Centre

School

Ration Shop

Provision of Supplementary Nutrition Feeding

Provision of Mid-Day Meal

FAMILY DETAILS

Family Details			
Name of Head of Family.....	No. of Family Members.....	Caste.....	House No.....
No. of Under-45 years married women.....	Occupation.....		No. of Under-5 years Children.....

Marriages	Pregnancies	Birth	Death
Name of Couples	Name of Woman 1.....	1	1
Date.....	Name of Woman 2.....	2	2

<input type="checkbox"/> Night Blindness	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Leprosy	<input type="checkbox"/> Lameness
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For Under 5 children (Weight to be measured six monthly)			
Vitamin A doses given :	<input type="checkbox"/> 9M	<input type="checkbox"/> 18M	<input type="checkbox"/> 24M
	<input type="checkbox"/> 30M	<input type="checkbox"/> 36M	
Tablet for Intestinal Worm	<input type="checkbox"/> 18M	<input type="checkbox"/> 24M	<input type="checkbox"/> 30M
	<input type="checkbox"/> 36M		
Name of 1 st Child.....	Date of birth.....	Name of 1 st Child.....	Date of birth.....
1. Date.....	Weight in Grams.....	1. Date.....	Weight in Grams.....
2. Date.....	Weight in Grams.....	2. Date.....	Weight in Grams.....
3. Date.....	Weight in Grams.....	3. Date.....	Weight in Grams.....
Name of 2 nd Child.....	Date of birth.....	Name of 3 rd Child.....	Date of birth.....
1. Date.....	Weight in Grams.....	1. Date.....	Weight in Grams.....
2. Date.....	Weight in Grams.....	2. Date.....	Weight in Grams.....
3. Date.....	Weight in Grams.....	3. Date.....	Weight in Grams.....

Immunization:	<input type="checkbox"/> BCG	<input type="checkbox"/> DPT, OPV 1	<input type="checkbox"/> DPT, OPV 2	<input type="checkbox"/> DPT, OPV 3	<input type="checkbox"/> Measles
	<input type="checkbox"/> DPT, OPV B	<input type="checkbox"/> DT 1	<input type="checkbox"/> DT 2		

Family Planning					
Wants:	<input type="checkbox"/> Male sterilization	<input type="checkbox"/> Female sterilization	<input type="checkbox"/> Condom	<input type="checkbox"/> Oral pill	<input type="checkbox"/> Copper-T



DEATH REGISTER

Name of Health Institution

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



ANC REGISTER

Name of Health Institution.....

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



IIMUNIZATION REGISTER

Name of Health Institution.....

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



DELIVERY REGISTER

Name of Health Institution.....

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



PNC REGISTER

Name of Health Institution.....

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



JSY REGISTER

Name of Health Institution.....

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



BIRTH REGISTER

Name of Health Institution.....

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Period : FROM..... TO.....

STATE HEALTH SOCIETY, MANIPUR



FAMILY PLANNING REGISTER

Name of Health Institution.....

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STATE HEALTH SOCIETY, MANIPUR

