

SUMMARY TABLES FOR ANM FOR MONTHLY REPORTING (SAMPLE)

ANNEXURE-3

MAKE TABLE NOS. 1 & 2 ON A SEPARATE PAPER AND FILL UP THE DETAILS OF EACH IMMUNIZATION SESSION HELD (DATA TO BE USED FOR MONTHLY REPORTING)

Table 1

NAME OF VILLAGE	DATE			
RECORDS OF LOGISTIC USED FOR EACH IMMUNIZATION SESSION				
	QUANTITY	BATCH NO.	NAME OF MANUFACTURE	DATE OF EXPIRY
ANTIGEN USED				
BCG				
OPV				
DPT				
MEASLES				
HEPATITIS B				
TT				
PENTAVALENT VACCINE				
JE				
VIT A				
DILUENTS USED				
BCG DILUENTS				
JE DILUENTS				
MEASLES DILUENTS				
SYRINGES USED				
0.1 ML				
0.2				
0.5 ML				
5 ML				

Table 2

NAME OF VILLAGE	DATE									
SUMMARY OF EACH IMMUNIZATION SESSION (ANTIGEN-WISE NUMBER OF BENEFICIARY)										
	DOSE									
ANTIGEN	0	1	2	3	BOOSTER-1	BOOSTER-2				
BCG										
OPV										
DPT										
HEPATITIS B										
MEASLES										
TT (PW)*						BOOSTER(IF APPLICABLE)				
JE										
PENTAVALENT VACCINE										
Vit A DOSE (1-9)**										
VITAMIN A SYRUP	1	2	3	4	5	6	7	8	9	
	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	DATE & SOURCE (G/P)	
* 2 nd /OR BOOSTER DOSE										
** TOTAL 9 DOSES- 1 ST AT 9 MONTHS, 2 ND AT 18 MONTHS, 3 RD AT 24 MONTHS SUBSEQUENTLY, ONE DOSE EACH AT 6 MONTHS INTERVAL UPTO 5 YEARS										
G- GOVT. P- PRIVATE										