

NAME OF THE ICDS PROJECT :

AWC Number :

Name of Anganwadi Centre (AWC) :

Name of AWW Worker:

Name of AWW Helper:

Name of the existing Supervisor and contact address

REGISTER 1 : PART B : INDIVIDUAL SURVEY REGISTER [FOR IDENTIFICATION OF PREGNANT & LACTATING WOMEN, ADOLESCENT GIRLS AND WOMEN (15-45 YEARS)]

Sl. No.	House No.	Name	Father/ Husband 's Name	Caste Category (SC/ ST/ Others)	Sex (Female/ Male)	Date of Birth (DD/MM/ YYYY)	Age at the time of survey (in years)	ICDS Target Groups: PW=Pregnant Women; LM=Lactating Mother; W=Women (15-44 years) and AG : Adolescent Girls	No. of children	Vital events with date 1=Marriage, 2=Migration, 3=Death, 4=Other (specify) (Note: Please enter date of the vital event under the relevant code column)				
										1	2	3	4	
1	2	3	4	5	6	7	8	9	10	11				

- Note :**
1. Information may be written by pencil.
 2. AW Survey register may be updated every month. AWW may do so from the information she collects from the household visits
 3. If any death, marriage, migration reported, please indicate in vital events column
 4. Refer pages 3-4 of ICDS Monitoring Manual for instructions to fill

REGISTER 1 A : INDIVIDUAL SURVEY REGISTER : ANNUAL SUMMARY

Year ending 31st March	Total no. of Children										Total no. of		Total no. of children admitted to primary school	Total Number of children (0-6 years) with following disability					
	below 6 months		6-12 months		12-36 months		36-60 months		60-72 months		Adolescent Girls (11-18 years)	Women		Locomotor	Mental	Visual	Hearing	Speech	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys		Preg-nant							Lacta-ting
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16a	16b	16c	16d	16e

Note: Refer ICDS Monitoring Manual for instructions to fill

REGISTER 2: SUPPLEMENTARY FEEDING & PRE-SCHOOL EDUCATION SERVICES

Month & Year: _____

Serial No. as per AW survey register	Name	Caste (SC/ ST/ OBC / Other)	Disabled (Y for Yes and N for No)	Total no. of days Supplem entary Feeding received in a month	Total no. of days PSE service attended in a month (for 3-6 years children only)	Days of Supplementary Feeding distributed (for all) and Pre-School Education Attended (only for Children aged 36-72 months) [Please enter S for Both SN & PSE and P for PSE only or write 'A' for Absent]																															Nutritional Grade
						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	31	
i) CHILDREN (6-36 MONTHS) :																																					
GIRLS																																					
BOYS																																					
Total person feeding days---- >>>>>																																					
ii) CHILDREN (36-72 MONTHS) :																																					
GIRLS																																					
BOYS																																					
Total feeding days>																																					
Total PSE attendance days >																																					
iii) PREGNANT WOMEN :																																					
IV) LACTATING MOTHERS																																					
V) ADOLESCENT GIRLS (11-18 YEARS)																																					

Note : 1. All Children (6 months - 6 years) in the anganwadi area are eligible for supplementary nutrition
 2. All Children (3-6 years) in the anganwadi area are eligible for pre-school education.
 3. Refer ICDS Monitoring Manual for instructions to fill.

REGISTER 2A: SUPPLEMENTARY FEEDING AND PSE MONTHLY SUMMARY

Month and Year	Category	6-36 months (Supplementary Feeding)			36-72 months						Women		Adolescent Girls (11-18 years)
		Girls	Boys	Total	Supplementary feeding			PSE			Preg-nant	Lacta-ting	
					Girls	Boys	Total	Girls	Boys	Total			
1	2 (a)	2 (b)	2 (c)	3 (a)	3 (b)	3 (c)	4 (a)	4 (b)	4 (c)	5	6	7	
	SC												
	ST												
	OTHERS												
	TOTAL												
	DISABLED												
	SC												
	ST												
	OTHERS												
	TOTAL												
	DISABLED												
	SC												
	ST												
	OTHERS												
	TOTAL												
	DISABLED												

Note: Refer ICDS Monitoring Manual for instructions to fill

Register 3A: Monthly Abstract of Immunization Services

Monthly Abstract during the Year _____

Month	BCG	DPT I	OPV I	DPT II	OPV II	DPT III	OPV III	Measles
1. Number of children due for Immunization during the month								
2. Number of children immunized during the month								
3. Number of children due for immunisation who did not receive vaccine (1 - 2)								
4. Number of children completing 12 months during the month								
5. Number of children fully immunized (out of above)								
1. Number of children due for Immunization during the month								
2. Number of children immunized during the month								
3. Number of children due for immunisation who did not receive vaccine (1 - 2)								
4. Number of children completing 12 months during the month								
5. Number of children fully immunized (out of above)								
1. Number of children due for Immunization during the month								
2. Number of children immunized during the month								
3. Number of children due for immunisation who did not receive vaccine (1 - 2)								
4. Number of children completing 12 months during the month								
5. Number of children fully immunized (out of above)								

