

Monthly Reporting Format

1.	Duration	Month		Year	
2.	Name of RO				
3.	Address of RO				
4.	Contact person at RO				
5.	Phone number				
6.	Email ID				
7.	Registration	Total		Registration during the month	
8.	Details of the schemes				
	Scheme	Total Number of centres /Number of beneficiaries (in case of Niramaya) in the State			
		Total/ Sanctioned		Increased during the month	
	Disha				
	Vikaas				
	Disha-cum-Vikaas				
	Samarth				
	Gharaunda				
	Samarth-cum-Gharaunda				
	Niramaya				
	Prerna				
	BadhteKadam				
	Sambhav				
	Sahyogi				
8. A	First Objective –Convergence with State Government				
(i)	State Level Coordination Committee (SLCC) formed (Yes/No)				
	If No, give reasons				
	If yes, submit the following details:				
(ii)	Date of formation of the SLCC				
(iii)	SLCC meeting details:				
	Meeting date	Name of participants	Designation of participants	Points discussed and outcome (please type the approved minutes of meeting)	

B	Second Objective – Information Centre				
	The data which has to be kept at the SNAC has to be collated as per format in <u>Annexure-I</u> .				
(i)	No of caregivers trained..... (List as per Annexure II)				
(ii)	No of Legal Guardians appointed (List as per Annexure III)				
C	Third Objective –Facilitation of LLCs				
(i)	Number of new LLC NGO & LLC PwD members				
	Number of District	Number of NGO Member		Number of PwD Member	
		Total	Increased during the month	Total	Increased during the month
	(List as per Annexure IV)				
(ii)	Number of LLC Meetings				
	Total (so far)		During the month		
	(List as per Annexure V)				
(iii)	Number of Guardianship Application disposed off				
	Number of Guardianship application disposed off till date		Number of Guardianships application disposed off during the month		

Other relevant activities done by SNACs

Annexure I

(a) General information of each Registered Organization

Sl. No	Organization Name	Name of contact person	Contact details Address, Contact No. fax no.	Email and Website	Date of expiry of registration	Name of the schemes being implemented

Annexure II

Caregivers details

Sl.	Name of the RO	Address	No. of Caregivers trained (Primary level)	No. of Caregivers trained (Advanced level)	Total no. of Care givers trained	Remarks

Annexure III

Guardianship details (Attach separate sheet, if required)

Sl.	Name of Ward	Disability	Name of guardian	Address, Contact No	Email

Annexure IV

LLC NGO & PwD Member details

Sl.	Name of Distt	Name of LLC NGO Member	Name of LLC PwD Member

Annexure V

LLC NGO & PwD Member online details

Sl.	Name of Distt	Number of meeting of LLC held (with date)