Form 1

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Reporting performa for Sub Centre

ame of the Sub-centre			PHC	Bloc	k/ Mandal		Dist	rict		State						
lonth	Ye	ear		_												
art A: Hypert	tension and	Diabetes Scr	eening													
Name of the	Total No	. of NCD Checku	ıps Done		ersons Suspectered for Confirmation			ersons Suspecte red for Confirma		No. of know	n cases of DM c	n Follow-up	No. of known cases of HTN on Follow-up			
village	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
											-					
Total																
art B: Screen	ing for Comi	mon Cancers	S	N/a	o. of persons sus	nected with car	ocer and referen	to PHC/ CHC/	ен	No. of person	ns referred by th	ne Subcentre	Total No. of	known Cancor n	ationts in the	
Name of the	No. of persons screened for cancers			140		spected with car	T T T T T T T T T T T T T T T T T T T	TO FITC, CHC, C	un .	last month w at higher faci	ho underwent i	nvestigations	Total No. of known Cancer patients in the Village			
Village					Oral					at Higher raci	I					
	Male	Female	Total	Male	Female	Total	Breast	Cervical	Total	Male	Female	Total	Male	Female	Total	
												-				
Total																

*The Report should be filled by ANM of Sub centre and sent to MO I/C PHC on last day of the same month.

Signature

ame and Designation

Form 2 National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Reporting performa for Primary Health Centre (PHC) Name of the PHC Name of the linked Block PHC/CHC District State No. of Sub-centres under the PHCs No. of Sub-centres reported during the month: Part A (Screening for HTN and Diabetes) No. of new persons Suspected for DM and No. of new persons Suspected for HTN **Total NCD Checkups Done** No. of known cases of DM on Follow-up No. of known cases of HTN on Follow-up Name Of the Sub Centre / PHC refered for Confirmation and refered for Confirmation Female Male Female Female Female Female PHC SC5 Total Overall Total Part B: Screening for Common Cancers No. of persons suspected and refered to PHC/ CHC/ GH Name of the Sub Centre/ No. of persons screened for Cancers No. of known Cancer patients Oral Cervical Total Breast Male Female Total Male Female Total Female Name Of the PHC Sub Centre total Overall Total Signature:

*This report should be generated from PHC OPD screening data and also by compiling data of Form 1 of all sub-centres under the PHC. This report should be verified and signed by Medical Officer I/c PHC.

Name and Designation _____

Date of reporting___



Form 3A National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Reporting performa for NCD Clinic at Community Health Centre (CHC)/ Sub District Hospital(SDH) Name and Address of the SDH / CHC ________Block/ Taluk/ Mandal/ Zone______ District __ Year_____ During the Reporting Month Indicator Male Female Total I. Common NCDS under NPCDCS 1.Total no. of persons attended NCD Clinic (New and Follow up) A. Diabetes Only B. Hypertension Only 2. No. newly diagnosed with . HTN & DM A. Cardiovascular diseases B. Stroke C. Oral Cancer 3. No. of persons suspected and referred for D. Breast cancer E. Cervical cancer F. Other cancers A. Diabetes Only 4. No of newly diagnosed patients initiated on B. Hypertension Only treatment C. HTN & DM A. Diabetes Only B. Hypertension Only 5. Patients on treatment Follow Up C. HTN & DM 6. Total No. of persons referred to District Hospital/ Higher Centres 7. No. of persons counselled for health promotion & prevention of NCD II. Comorbid Conditions A. No. of known TB cases on ATT 8. Among all confirmed Diabetic patients [New B. No. screened for TB Symptoms (2A+2C) & Follow up (5A+5C)] C. No. suspected for TB & refered to DMC/ PI Signature: Name and Designation Date of reporting

^{*}This report should be generated from CHC OPD screening data.

This report should be verified and signed by Medical Officer I/c CHC.

This report should be sent to District NCD Cell by 7th day of every month.

Form 3B National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Reporting performa for Community Health Centre (CHC)/Block PHC/ SDH Name and Address Block/ Taluk/ Mandal/ Zone District St Month Year

Part A: Screening for HTN and Diabetes

Total No. of PHC in the District

Source Of Data	I Total NCD Checkuns Done				No. of new persons Suspected for DM and refered for Confirmation			No. of new persons Suspected for HTN and refered for Confirmation			No. of known cases of DM on Follow- up			No. of known cases of HTN on Follow- up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Compiled data from all PHCs & Sub Centres																

Total No. Of PHCs reported_____

PART B: Screening for Common Cancers

					No. of persons suspected with Cancer and refered to PHC/ CHC/ other GH										
Source of Data	No. of persons screened for C		for Cancers	Oral			Breast	Cervical	Total	No. of Known Cancer patients					
	Male	Female	Total	Male	Female	Total	- Dieast	cervical	Total	Male	Female	Total			
Compiled data from all PHCs & Sub Centres															

ignature:	
lame and Designation	
Date of reporting	

This report should be verified and signed by Medical Officer I/c.

This report should be sent to District NCD Cell by 7th day of every month.

^{*}This report should be generated by compiling data of Form 2 of all PHCs under the Block/Taluk/Mandal.

All illiorination below are for the reporting month				
to disast			ng the Reporting	
indicat	or	Male	Female	Total
I. Common NCDS under NPCDCS				
	ting month (New and Follow up)	T	T	
	A.Diabetes Only	1	† †	
	B. Hypertension Only		1	
	C. HTN & DM (Both)		1	
	D. CVDs	1	1	
2. No. newly diagnosed with	E. Stroke	1	1	
2. 140. Hewly diagnosed with	F.Oral Cancer		+ + +	
source limited settings where there are No capacity perform confirmatory diagnosis) No of newly diagnosed patients initiated on eatment No. of Patients treated at CCU No Of patients on follow up No. of person referred to Tertiary hospital/TCCC Patients attended Day Care facility for Cancer care No. of persons counselled for health promotion & No. of patients underwent physiotherapy Comorbid Conditions	G. Breast cancer		+ +	
	H.Cervical cancer	1	+ +	
		+	+ +	
	I.Other cancers A CVDs	+	+	
	C. Stroke			
3. Suspected and referred cases of CVDs & Cancer (In	D. Oral Cancer	+	+ +	
Resource limited settings where there are No capacity	E. Breast cancer		+ +	
to perform confirmatory diagnosis)	F. Cervical cancer		+ +	
		+	+	
	G. Other cancers A.Diabetes Only		_	
	B. Hypertension Only		+	
	C. HTN & DM (Both)		+ +	
No of newly diagnosed patients initiated on eatment	D. CVDs	+	+ +	
	E. Stroke	+	+	
			+ +	
	F. Cancer (Including Day Care Centres)		+ +	
5. No. of Patients treated at CCU	A. CVDs B. Stroke		+ +	
lo. of Patients treated at CCU	A. Diabetes Only		+ +	
		-		
No. newly diagnosed with Suspected and referred cases of CVDs & Cancer (Ir source limited settings where there are No capacipperform confirmatory diagnosis) To of newly diagnosed patients initiated on eatment No. of Patients treated at CCU No Of patients on follow up To. of person referred to Tertiary hospital/TCCC Patients attended Day Care facility for Cancer care No. of persons counselled for health promotion & No. of patients underwent physiotherapy Comorbid Conditions	B. Hypertension Only	4		
6. No Of patients on follow up	C. DM & HTN (Both)	4		
	D. CVD (Only OPD data)	4		
	E. Stroke (Only OPD data)	<u> </u>	1	
	F. Cancer (Including Day Care Centres)			
7.No. of person referred to Tertiary hospital/TCCC	A.Diabetes		1	
	B. Hypertension			
	C. CVD			
	D.Stroke			
	E. Cancer			
8. Patients attended Day Care facility for Cancer care				
9. No. of persons counselled for health promotion & pr	revention of NCDs			
11. No. of patients underwent physiotherapy				
II. Comorbid Conditions				
8. Among all confirmed Diabetic patients [New (2A+2C)	A. No. of known TB cases on ATT			
& Follow up (6A+6C)]	B. No. screened for TB Symptoms		1	
	C. No. suspected for TB & refered to DMC/ PI		1	

Signature: Name and Designation _	
Date of reporting	

This report should be verified and signed by Medical Officer I/c.

 ${\it This report should be sent to District NCD Cell by 7th day of every month.}$

^{*}This report should be generated from District NCD Clinic /OPD screening data of District Hospitals.

		Form 5	A				
Natio	nal Programme on Prevention & C				/Ds & Strok	e (NPCDCS)
	Reporting per		DISTRIC	t NCD Cell			
District		State					
MonthYear							
	Indicator	Duri Male	remale	orting Month Total	Cumulati Male	ve since April d Female	uring current Financial year Total
I. Common NCDS under NPCDCS							
1. No. of persons attended NCD Clinics (New and follow up)						
	A. Diabetes Only						
	B.Hypertension Only						
	C. HTN & DM					<u> </u>	
2. No newly diagnosed with	D. CVDs		-				
2. No. newly diagnosed with	E. Stroke F.Oral Cancer	+	+			 	
	G. Breast cancer	1	+		+	 	
	H. Cervical cancer		+			1	
	I. Other cancers					1	
	A. CVDs						
3. Number of persons suspected		<u> </u>					
(Confirmatory Diagnosis not available/ Pending)	B. Stroke						
rending)	C.Cancers						
	A. Diabetes Only						
	B.Hypertension Only		+			 	
	C. HTN & DM		+		+	1	
4 No. of a code discoursed making to make	D. CVDs					1	
4. No. of newly diagnosed patients put on Treatment	E. Stroke					i i	
on readment	F.Oral Cancer					1	
	G. Breast cancer						
	H. Cervical cancer						
	I. Other cancers						
	A. Diabetes Only		1				
	B.Hypertension Only	1	+		_		
	C. HTN & DM D. CVDs		+				
5. No. of persons on treatment follow	E. Stroke	 	+				
up	F.Oral Cancer						
	G. Breast cancer						
	H. Cervical cancer						
	I. Other cancers						
	A. Diabetes (Complications)					<u> </u>	
	B. Hypertension (Complications) C. CVDs	+	+			 	
6. No.of person referred to Tertiary	D. Stroke		+		+	<u> </u>	
hospital/TCCC	E. Oral Cancers					1	
,	F. Breast Cancer					1	
	G. Cervical Cancer						
	H. Other Cancers						
	A. CVDs						
7. No. of Patients treated at CCU	B. Stroke						
8. No of cancer patients treated in Day	Care facility						
9. No. of persons counselled for health	promotion & prevention of NCDs						
10. No. of patients underwent Physioth	erapy						
II. Co-morbidities							
Among all confirmed Diabetic	A. No. of known TB cases on ATT						
patients [New (2A+2C) & Follow up (5A+5C)]	B. No. screened for TB Symptoms						
	C. No. suspected for TB & refered to DMC/ PI					1	

Signature:	
Name and Designation _	
Date of reporting	

^{*}This report should be generated by compiling data of Form 3A (CHC NCD Clinics) and Form 4 (District NCD Clinic) data This report should be verified and signed by District Nodal Officer.

						Form 5B									
		National	Programme	on Prever	ition & Coi	ntrol of Can	cer, Diabetes	s, CVDs 8	Stroke	(NPCDCS)					
				Repo	rting perfo	rma for Dis	strict NCD Cel	ı							
Name and Address of the District NCD Co	ell								District			State			
MonthYear Total No. of PHC in the District Total No. Of PHCs reported															
Part A : Screening for HTN and Diabetes															
Source Of Data	Total NCD Checkups Done				ersons Suspect red for Confirm	ed for DM and lation	No. of new perso			No. of kno	own cases of DM o	n Follow-up	No. of known cases of HTN on Follow-up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Compiled data from all CHCs															
PART B: Screening for Common Cancers	•		•	•		•	•	•		•	•	•		•	
	No. of pers	ons screened for	Cancers	No. of		ted with Cancer	and refered to PH	C/ CHC/ oth	er GH	No. of Known	Cancer patients				
Source of Data	Male	Female	Total	Male	Oral Female	Total	Breast	Cervical	Total	Male	Female	Total	-		
Compiled data from all CHCs															

This report should be verified and signed by District Nodal Officer.

Name and Designation _____

Signature:

Date of reporting____

This report should be sent to State NCD Cell by 10th day of every month.

^{*}This report should be generated by compiling data of Form 3B of all Blocks/Mandals/Taluks under the District

The American Compiled data of Form SA) Indicator Indi	Name of the State:		forma for State		Reporting I	Month:	Year	
Indicator During the Reporting Month Cummulative since April (Financial Vear Data)	No. of district NCD Cells							
Indicator During the Reporting Month Cummulative since April (Financial Vear Data)								
Indicator	art A. Programme Data (Compiled data of Form 5A)						
Maile Female Total Maile Female Fema		Indicator	During t	the Reportir	ng Month	1		-
Total not not NOS under NPCIDCS Total not of persons attended HIXD Clinics (New and rollow Up) A Disberted Only		indicator	Male	Female	Total	 		
Treat no. of persons attended NCO Unite. (New and Follow Up) A. Disbetted body	. Common NCDS under NPC	DCS	ļa.e	1. 0	1.000.	1	1	1.00
Riverence of Margerosed with C. LITRA Doll Michael C. LITRA Doll M	Total no. of persons attended NCD	Clinics (New and Follow Up)						
No, newly diagnosed with E. Stroke D. CVGS D.		·						
D. CVD C. CVD C				-		-		+
No. newly diagnosed with E. Stocks F. Coal Cancer G. Breast cancer H. Corvical cancer J. Other cancers J. Corvical cancer J. Other cancers J. Othe				-		+		_
Contact cancer	No. newly diagnosed with							
H. Cervical cancer	,	F.Oral Cancer						
Little cancers Little color Li		G. Breast cancer						
A. Diabetes Coly B. Systemics on Coly CHTN & DM (Bebb) C-STORE Treatment On CPD C-STORE C-STO								
A Post none patients initiated of transment A Core								
C. HTN & DM (Both)		·		-		+		
Uniform patients initiated on treatment vestment								
Service Serv						1		
P. Craft clarer G. Breat cancer H. Cervical cancer L. Other cancers L. Other Cancer L. Other Cancer H. Cervical cancer L. Other Cancer H. Cervical cancer L. Other cancers L. Ot	3. No of new patients initiated on							
H. Cervical cancer	treatment	F.Oral Cancer						
Defer cancers								
A Diabetes Only Bi-spectrosino Only C HTN & DM (Both) D. CVB E Stroke F. Grail Cancer G. Breast cancer H. Cervical cancer H. Cervical cancer A Diabetes B. Hypertension C CVDS B. Stroke B. S						1		
B. Hypertension Only				-		-		
C. HTN & DM (potent) C. DCDs C. DCDs C. Stroke C. DCDs C. DC		•						
D. CVDs				+		+		
F.Oral Cancer G. Freast cancer H. Cenvical cancer H. H								
G. Freat cancer H. Cervical cancer I. Other cancers I. Other cancers A. Diabetes B. Hypertension C. CODS B. Hypertension C. CODS C. Consection C. Cods	No of Patients on Follow up	E. Stroke						
H. Cen/ical cancer L. Other cancers A. Diabetes B. Hypertension C. CVDS D. Stroke S. CVDS S. Concers No. of Patients Referred to Other programme Markers A. Roof programme Markers (RAPACI) Other Programme Markers Compiled data of Form 5B) tal No. of Nor Other was suspected and eight of the Year and in PRC and Sub-centres No. of diagnosed patients on follow in PRC and Sub-centres No. of persons Suspected and Cancers Cen/ical		F.Oral Cancer						
Combre training to the composition of the composi								
A. Diabetes B. Hypertension C. CVDs C.				-				
B. Hypertension C. CVDs No. of Patients Referred to D. Stroke E. Cancers No of patients treated at CCU S. Stroke B. Stroke S. CVDs No. of patients treated at CCU S. Stroke S. S								
C.CVDs								
No. of Patients Referred to D. Stroke E. Cancers								
No of patients treated at CCU A. CVDs B. Stroke	No. of Patients Referred to							
No. of persons attended day care centre No. of Persons counselled for health promotion and prevention of NCDs No. of persons counselled for health promotion and prevention of NCDs No. of patients attended physiotherapy . Comorbid Conditions . Among all confirmed Diabetic tients (New (2A+2C) & Follow (4A+4C)) Other Programme Markers (Compiled data of Form 5B) tail No. of NCD check ups done Ital No. of NCD check ups done Ital No. of Persons Suspected and Person only Ital No. of Persons Suspected and Person only Ital No. of NCD check ups done Ital NCD check ups done I	rtiary Care/TCCC	E. Cancers						
S. Stroke No. of persons attended day care centre No. of persons counselled for health promotion and prevention of NCDs No. of patients attended physiotherapy No. of known TB cases on ATT	No of patients treated at CCU							
No. of Persons counselled for health promotion and prevention of NCDs No. of patients attended physiotherapy Combrid Conditions				-		-		
No. of patients attended physiotherapy I. Comorbid Conditions I. Among all confirmed Diabetic tients [New (2A+2C) & Follow 1 (4A+4C)] I. Among all confirmed Diabetic tients [New (2A+2C) & Follow 1 (4A+4C)] I. No. of known TB cases on ATT I. No. of screened for TB Symptoms I. No. os usspected for TB Symptoms I. No. of NCD check ups done Diabetes only Hypertension Only Hypertension Only Hypertension Only In PPC and Sub centres Other Cancers Other Cancers Other Cancers In PPC and Sub centres Name of Facility Name of Facility Annual Target for the year for the year 2016-17 Annual Target achievement since beginning Achievement since Ist Apr 2016 Cumulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement since beginning In PRC and Sub Cancer since Ist Apr 2016 Comulative achievement	· · · · · · · · · · · · · · · · · · ·			-		+		
A. Among all confirmed Diabetic titlents [New (2A+2C) & Follow (2A+2C) & F		•						
A Mong all confirmed Diabetic tients [New (2A+2C) & Follow (2A+2C) & Follow (2A+4C)] B. No. screened for TB Symptoms (C. No. suspected for TB & refered to DMC/ PI Other Programme Markers (Compiled data of Form 5B) tal No. of NCD check ups done Diabetes only Hypertension Only Hypertension Only (2A+2C) & Follow (2A+2C) & Foll		• •	<u> </u>	1	1			1
Among all confirmed Diabetic tients [New (2A+2C) & Follow (14A+4C)] A No. of known TB cases on ATT	. Comorbid Conditions							
Among all Confirmed Diabett itents [New (2A+2C) & Follow (14A+4C)] Other Programme Markers (Compiled data of Form 5B) tal No. of NCD check ups done Diabetes only Hyertension Only Oral Cancers Breast Cancers Other Cancers Other Cancers Other Graness Name of Facility Name of Facility Annual Target for the year 2016-17 Physical targets and achievements Annual Target for the year 2016-17 Annual Target Achievement since 1st Apr 2016 Strict NCD Cells Strict NCD Cells Strict NCD Cells Strict NCD Cells Strict Col Facilities Strict Col Fac		A. No. of known TB cases on ATT		T		T		
Other Programme Markers (Compiled data of Form 5B) tal No. of NCD check ups done Diabetes only Hypertension Only Hypertension Only Imperation of diagnosed patients on follow Imperation of diagnosed patients on follow Imperation of Facility Annual Target for the year 2016-17 Imperation of Facilities Imperation of Facilities								
Other Programme Markers (Compiled data of Form 5B) tal No. of NCD check ups done Diabetes only Hypernsion Only Hypernsion Only Corrical Cancers Great Gre								
tal No. of NCD check ups done Diabetes only	(44.49)	C. No. suspected for TB & refered to DMC/ PI						
tal No. of NCD check ups done Diabetes only Hypertension Only								
Diabetes only Hypertension Only Oral Cancers Breast Cancers Cervical Cancers Other Cancers Other Cancers Other Cancers Name of Facility Annual Target for the year 2016-17 Annual Target for the year 2016-17 Annual Target strict NCD Cells strict NCD Cells strict CD Collinics strict CD Glinics strict CD Glinics tartict Day Cance Centres O Diabetes only Hypertension Only Oral Cancers Breast Cancers Other Cancers Other Cancers Annual Target during the reporting month Cancer patients Annual Target during the reporting month Strict NCD Cells Strict CD Cells Strict CD Cellinics Strict CD Collinics	Other Programme Markers	s (Compiled data of Form 5B)						
Hypertension Only Ital No. Of Persons Suspected and fered for fered for fered for Oral Cancers	tal No. of NCD check ups done							
tal No. Of Persons Suspected and Fered for Breast Cancers Cervical Cancers				-				
Fered for Breast Cancers Breast Cancer		Hypertension Uniy				+		-
Breast Cancers Cervical Cancers Other Cancer	tal No. Of Persons Suspected and	Oral Cancers				+		+-
Cervical Cancers Other Cancers	fered for							
Annual Target for the year 2016-17 Strict NCD Cells Strict NCD Clinics Strict CD Gracilities Strict CD Graciliti								
Physical targets and achievements Annual Target for the year 2016-17 Strict NCD Cells Strict NCD Clinics Strict OCU facilities Strict DO Clinics Strict OCU facilities Strict OC		Other Cancers						
Physical targets and achievements Annual Target for the year 2016-17 Strict NCD Cells Strict NCD Clinics Strict Day Care Centres IC NCD Clinics Branch In Annual Target for the year 2016-17 Achievement during the reporting month In I	o. of diagnosed patients on follow							
Name of Facility Annual Target for the year 2016-17 Strict NCD Cells Strict NCD Clinics Strict CQ facilities Strict DQ Carres CI unulative achievement since 1st Apr 2016 Strict CQ facilities Strict DQ Carres COmulative achievement since beginning Remarks Remarks Remarks Remarks Remarks Remarks Remarks Remarks	in PHC and Sub centres	Cancer patients						
Name of Facility Annual Target for the year 2016-17 Achievement during the reporting month Achievement since 1st Apr 2016 Achievement during the reporting month Achievement since 1st Apr 2016 Achievement since 1st Ap								
Name of Facility Annual Target for the year 2016-17 Betrict NCD Cells Setrict NCD Clinics Setrict CU facilities Setrict CU facilities CU CU facilities Setrict CU facilities S	Physical targets and achiev	rements						
Name of Facility for the year 2016-17 for the year 2016-17 achievement since 1st Apr 2016 strict NCD Cells strict NCD Clinics strict Day Care Centres C NCD Clinics hers			Annual Target	Achievement	Cumulative	Cumulativa		
trict NCD Cells trict NCD Clinics trict CCU facilities trict Day Care Centres C NCD Clinics eres		Name of Facility	for the year	1 -		achievement		arks
trict NCD Clinics trict CCU facilities trict Day Care Centres C NCD Clinics hers	tuist NCD Call		2010-17	month	2016	James Deginning		
trict CCU facilities trict Day Care Centres C NCD Clinics hers						1		
trict Day Care Centres C NCD Clinics hers gnature:					+	+		
C NCD Clinics hers						+		
gnature:						1		
	hers							
ame and Designation	=							
	ame and Designation							
	ate of reporting	ted by compiling data of Form FA 9 Forms	R of all Districts :-	the State				
This report should be generated by compiling data of Form 5A & Form 5B of all Districts in the State	rus report snoula be genera	teu by compiling data of Form 5A & Form 5	ь ој ан Districts ir	ı ine State				

Form 6

This report should be verified and signed by State Nodal Officer.

This report should be sent to National NCD Cell by 15th day of every month.