

1A- BENEFICIARY WISE CLAIM STATUS

District:

Reporting Month:

S.No	Name of the District	S.No	Name of Beneficiary /Claimant	Sex & Age	Address	Date of operation	Type of procedure	Facility Name where operation conducted	Facility Type (PHC/CHC/DH/Medical college/Accredited PVT/NGO Facility)	Operation done in Camp/ Fixed Day Static	Name of Surgeon/doctor who operated	Whether Empanelled or Not
							(Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)					



[illegible]