

Monthly Reporting Format For Mainstreaming of AYUSH

Name of District -

Month -

Type of facility	Number of Posted AYUSH Doctor				Number of Posted AYUSH Pharmacist			Availability of AYUSH Medicines (Y/N)			Number of AYUSH OPD				Deliverables in the reporting month(e.g. Number of IUCD/PPIUCD inserted/Deleveries conducted)		
	Ayurveda	Unani	Homeopathy	Yoga	Ayurveda	Unani	Homeopathy	Ayurveda	Unani	Homeopathy	Ayurveda	Unani	Homeopathy	Yoga	IUCD inserted	PPIUCD inserted	Deliveries Conducted/ Assisted
DH																	
FRU																	
Non FRU SDH/ CHC																	
24X7 PHC																	
Non 24X7 PHC/ APHC																	
Total																	

Training Status of AYUSH Doctors only

Name of Training	Total No. Of AYUSH Dr. Trained	
IUCD		
PPIUCD		
SBA		
Any other (please specify)		

Remarks (if any)