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| **Name of Facility** | |  | | | | | | | | **Period of data collection** | | | |  | | | |
| **Submitted by (Facility Incharge Name)** | | | | |  | | | | | **Designation & Contact No.** | | | |  | | | |
| **Monthly reporting format for KMC (Block Level - Areawise)** | | | | | | | | | | | | | | | | | |
| **CHC** | **PHC** | | **Total Deliveries** | **Total Live Births** | | **Still Birth** | **IUD** | **Abortion** | **LBW (<2500 grams)** | | **<2000 grams** | **Initiated to KMC** | **Not initiated to KMC** | | **Neonatal Death** | **Post Neonatal Infant Death (29 days - 1 yr)** | **Age at Death** |
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| **Name of Facility** | |  | | | | | **Period of data collection** | | | | |  | | | |
| **Submitted by (Facility Incharge Name)** | | |  | | | | **Designation & Contact No.** | | | | |  | | | |
| **Low Birth Weight Baby Details (<2000 gms)** | | | | | | | | | | | | | | | |
| **Baby Details** | **Address** | | | **Contact No.** | **Date of Birth** | **Place of delivery** | | **Birth Weight**  **(In grams)** | **Status of Baby**  **(Alive / Dead)** | **Name of ANM** | **Contact No. of ANM** | | **KMC Initiated Y/N** | **If Yes Name of KMC Unit** | **If No. Reason** |
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| **Name of Facility** | |  | | | | | | | **Period of data collection** | | |  | | | | |
| **Submitted by (Facility Incharge Name)** | | | | |  | | | | **Designation & Contact No.** | | |  | | | | |
| **Details of Infant Death** | | | | | | | | | | | | | | | | |
| **Baby Details** | **Address** | | **Contact No.** | **Place of delivery** | | **Date of Birth** | **Birth Weight (in grams)** | **Name of ANM** | | **Contact No. of ANM** | **KMC Initiated Y/N** | | **Date of Death** | **Age at Death** | **Neonatal Death / Post Neonatal Infant Death** | **Reason of Death (As reported)** |
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