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| **Missing baby supervision visit****(To be submitted at the end of every month)** |
| **Name of Supervisor** |  | **Period** |  | **Total visits done** |  | **Total babies visited** |  |
| **Baby details / Contact No.** | **DOB** | **Place of birth** | **Date of ASHA visit** | **Date of ASHA facilitator visit** | **No. of due HBPNC visits** | **Date of ANM visit**  | **Date of BAC Visit**  | **Date of IS Team visit** | **Date of PL Team visit** | **Reason for missing / not referral** | **Remarks** |
| **Birth wt.** | **Date of visit** | **Reason if not visited** | **Reason if not visited** | **HBPNC visits done** | **Reason if not visited** | **Reason if not visited** | **Reason if not visited** | **Reason if not visited** |
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