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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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