

FORM for PRF-7 Report
(Monthly Report regarding Fumigants to be sent at District/Circle Level)

Circle:- _____

Month _____

Sr. No	Centre	Opening Balance					Receipt					Total				
		Celphos (ALP Tabs.)	Malathion	DDVP	Chloro	Delta-methrin	Celphos (ALP Tabs.)	Malathion	DDVP	Chloro	Delta-methrin	Celphos (ALP Tabs.)	Malathion	DDVP	Chloro	Delta-methrin
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
...																
	Total															

Sr. No	Centre	Consumed					Transferred					Closing Balance				
		Celphos (ALP Tabs.)	Malathion	DDVP	Chloro	Delta-methrin	Celphos (ALP Tabs.)	Malathion	DDVP	Chloro	Delta-methrin	Celphos (ALP Tabs.)	Malathion	DDVP	Chloro	Delta-methrin
1	2	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
...																
	Total															

Note:-

1. Only one consolidated form for all the centres of a district is to be sent for each month as Fumigants are allotted district-wise by Hqrs.
2. Proper note regarding transfer of fumigants should be given containing name of centre/district from where fumigants have been received/ transferred.

Signature _____

District Food & Supplies Controller, _____

Name of DFSC _____

Dated:- _____