department.

...a for Quarterly Progress Report for Physical Report of Children residing in CCIs (To be filled by the Incharge of Institution) & attested by DPO & DCPO

...titution: _____ Capacity: _____ No. of children residing during the Quarter: _____

...on No. with Date : _____ Quarter: I / II / III No. of children left CCI during the Quarter: _____

...me of Child ...n photograph & case no.	Father's /Mother's /Guardian's Name	DOB / Present Age	Gender (F/M)	Category	Aadhar No.	Address Permanent / Correspondence	Date of Entry & Age at the entry in Home	Domicile Yes / No alongwith Name of State	Admission in School (Yes/No), if no, reasons thereof	Name of school where studying	Class Standard	Vocational Training	No. of Health Check-ups held	No. of Counseling sessions held	Clothes	Computer/ Internet/ Phone accessibility	Individual Care Plan Yes / No	Remarks, if any

...a for Monthly Progress Report for Physical Report of Children residing in CCIs (To be filled by Incharge of the Institution & attested by DCPO)

...itution: _____ Capacity: _____ No. of children residing during the month: _____

...on No. with Date : _____ Month/Year:_____ No. of children left CCI during the Month: _____

...e of Child ...h photograph & case no.	Father's /Mother's /Guardian's Name	DOB / Present Age	Gender (F/M)	Category	Aadhar No.	Address Permanent / Correspondence	Date of Entry & Age at the entry in Home	Domicile Yes / No alongwith Name of State	Admission in School (Yes/No), If no, reasons thereof	Name of school where studying	Class Standard	Vocational Training	No. of Health Check-ups held	No. of Counseling sessions held	Clothes	Computer/ Internet/ Phone accessibility	Individual Care Plan Yes / No	Remarks, if any