

Annexure – V

Part - A

JANANI SURAKSHA YOJANA

QUARTERLY STATEMENT OF PHYSICAL PROGRESS FOR THE QUARTER ENDING _____ FOR THE YEAR _____*(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI in the following month)*

Name of the State

Name of the Nodal Officer.....

Telephone/Fax No.....

NUMBER OF JSY REGISTERED DURING THE QUARTER												Total Number of JSY Beneficiaries upto the Quarter
Rural				Urban				Total				
SC	ST	GEN	Total	SC	ST	GEN	Total	SC	ST	GEN	Total	
1	2	3	4	5	6	7	8	9 (1+5)	10 (2+6)	12 (3+7)	13 (4+8)	14

OUT OF 13, NUMBER OF WOMEN OPTING INSTITUTIONAL DELIVERIES												Total No. of Institutional deliveries under JSY upto the Quarter	Out of 13, Number of beneficiaries assisted by an accredited worker (ASHA) #
Rural				Urban				Total					
SC	ST	GEN	Total	SC	ST	GEN	Total	SC	ST	GEN	Total		
14	15	16	17	18	19	20	21	22 (14+18)	23 (15+19)	24 (16+20)	25 (17+21)	26	27

Name and Signature of the nodal officer with rubber stamp

Date:

Wherever applicable

Annexure – V

Part - B

JANANI SURAKSHA YOJANA

QUARTERLY STATEMENT OF ACTUAL EXPENDITURE FOR THE QUARTER ENDING _____ FOR THE YEAR _____*(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI in the following month)*Name of the State
No.....

Name of the Nodal Officer.....

Telephone/Fax

Opening Balance as on 1 st April of FY (In Rs. lakhs)	Amount Allocated under RCH-flexi pool in the current year (In Rs. lakhs)	Amount Released by GOI so far during the year	Total amount available with the State (In Rs. lakhs) (2+3)	Total Expenditure under Janani Suraksha Yojana during the Quarter (In Rs. lakhs)					Total Exp. <i>Upto the Quarter</i> (In lakhs)
				To mothers	To Accredited worker ASHA [#]	Amount spent on hiring of specialists	Administrative Expenditure made if any	Total Exp. during the quarter (5+6+7+8)	
1	2	3	4	5	6	7	8	9	10

Name and Signature of the nodal officer with rubber stamp

Date:

Wherever applicable

Annexure – IV
Part - A
JANANI SURAKSHA YOJANA

DISTRICTWISE ANNUAL STATEMENT OF PHYSICAL PROGRESS FOR THE YEAR _____

(To be sent to the Maternal Health Division, Ministry of Health and Family Welfare, GOI by April of following year)

Name of the State

Name of the Nodal Officer.....

Telephone/Fax No.....

PHYSICAL PERFORMANCE														
S. No	Name of the Districts	No. of JSY Registered During the Quarter												Total No. of Beneficiaries <i>upto the Quarter</i>
		Rural				Urban				Total				
		SC	ST	GEN	Total	SC	ST	GEN	Total	SC	ST	GEN	Total	
1	2		3	4	5	6	7	8	9	10	11	12	13	14