

Annexure – V

Part - B (Annexure - V)

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

Name of the Nodal Officer.....

Telephone/Fax No.....

PHYSICAL PERFORMANCE														
S. No	No. of JSY Registered During the Quarter												Total No. of 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	10	11	12	13	14	

S. No.	Out of 14, No. of women opting Institutional Deliveries												Total No. of Beneficiaries upto the Quarter	Out of 13, No. of beneficiaries assisted by an accredited worker (ASHA etc) ('000)
	Rural				Urban				Total					
	SC	ST	GEN	Total	SC	ST	GEN	Total	SC	ST	GEN	Total		
1	15	16	17	18	19	20	21	22	23	24	25	26	27	28

Name and Signature of the nodal officer with rubber stamp

Date :

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Part - A (Annexure - V)

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FINANCIAL PERFORMANCE

S. No.	Opening Balance as on 1 st April (in lakhs)	Amount Allocated under RCH_flexipool (in lakhs)	Amount Released so far during the year	Total amount available with the State (in lakhs) (2+4)	Total Expenditure under Janani Suraksha Yojana during the Quarter (In lakhs)					Total Expnd. Upto the Quarter (In lakhs)
					To mother's	Accredited worker ASHA	Amount spent on hiring of expert for C - Section	Administrative Expenditure if any	Total (6+7+8+9)	
1	2	3	4	5	6	7	8	9	10	11
TOTAL										

Name and Signature of the nodal officer with rubber stamp

Date :

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