

# MMU Mandatory Disclosure Formats

**Monthly Reporting Format**

**Year- 2014**

**Month- December**

S. No. of District	District	MMU Type (Single/2/3 vehicle unit)	Name of operating agency (State DHS/NGO/Private Provider) Please provide name if NGO or private	Registration Number	Number of Trips		Number of Villages visited	Number of AWCs covered	No. of OPD	No. of ANC	No. of children immunized (If applicable)	No. of FP cases			No. of minor surgical operations	No. of children screened for refractive errors	No. of children screened under RBSK	No. of Lab tests	No. of blood smears collected / RDT test done for Malaria	No. of sputum collected for TB detection	No. of X-ray	No. of patients referred to higher facilities
					Planned	Actual						OCP/ECP	Condom	IUCD								
1	Tripura West (Undivided)	3-vehicle unit	Ramakrishna Mission, Agartala	TR 01 D 1096(Doctors & Paramedical Personnel Carrying Van) TR 01 D 1097 (Medicine Dispensing Van) TR 01 D 1098 (Diagnostic Van)	17	17	24	120	1822	09		Not applicable						169	10	Not applicable	19	08

# MMU Mandatory Disclosure Formats

**Monthly Reporting Format**

**Year- 2015**

**Month- January**

S. No. of District	District	MMU Type (Single/2/3 vehicle unit)	Name of operating agency (State DHS/NGO/Private Provider) Please provide name if NGO or private	Registration Number	Number of Trips		Number of Villages visited	Number of AWCs covered	No. of OPD	No. of ANC	No. of children immunized (If applicable)	No. of FP cases			No. of minor surgical operations	No. of children screened for refractive errors	No. of children screened under RBSK	No. of Lab tests	No. of blood smears collected / RDT test done for Malaria	No. of sputum collected for TB detection	No. of X-ray	No. of patients referred to higher facilities
					Planned	Actual						OCP/ECP	Condom	IUCD								
1	Tripura West (Undivided)	3-vehicle unit	Ramakrishna Mission, Agartala	TR 01 D 1096(Doctors & Paramedical Personnel Carrying Van) TR 01 D 1097 (Medicine Dispensing Van) TR 01 D 1098 (Diagnostic Van)	17	17	33	132	1946	08		Not applicable						166	15	Not applicable	23	13

# MMU Mandatory Disclosure Formats

**Monthly Reporting Format**

**Year- 2015**

**Month- February**

S. No. of District	District	MMU Type (Single/2/3 vehicle unit)	Name of operating agency (State DHS/NGO/Private Provider) Please provide name if NGO or private	Registration Number	Number of Trips		Number of Villages visited	Number of AWCs covered	No. of OPD	No. of ANC	No. of children immunized (If applicable)	No. of FP cases			No. of minor surgical operations	No. of children screened for refractive errors	No. of children screened under RBSK	No. of Lab tests	No. of blood smears collected / RDT test done for Malaria	No. of sputum collected for TB detection	No. of X-ray	No. of patients referred to higher facilities
					Planned	Actual						OCP/ECP	Condom	IUCD								
1	Tripura West (Undivided)	3-vehicle unit	Ramakrishna Mission, Agartala	TR 01 D 1096(Doctors & Paramedical Personnel Carrying Van) TR 01 D 1097 (Medicine Dispensing Van) TR 01 D 1098 (Diagnostic Van)	17	17	44	132	1718	07		Not applicable						117	08	Not applicable	10	04