

**Monthly Reporting Format**

|       |  |                            |  |                                      |  |                        |
|-------|--|----------------------------|--|--------------------------------------|--|------------------------|
| 1.    | Duration   | Month                      |  | Year                                 |  |                        |
| 2.    | Name of RO   |                            |  |                                      |  |                        |
| 3.    | Address of RO  |                            |  |                                      |  |                        |
| 4.    | Contact person at RO   |                            |  |                                      |  |                        |
| 5.    | Phone number   |                            |  |                                      |  |                        |
| 6.    | Email ID   |                            |  |                                      |  |                        |
| 7     | Registration   | Total                      |  | Registration during the month        |  |                        |
| 8. A  | <b>First Objective – Convergence with State Government</b>     |                            |  |                                      |  |                        |
| (i)   | State Level Coordination Committee (SLCC) formed (Yes/No)      |                            |  |                                      |  |                        |
|       | If No, give reasons  |                            |  |                                      |  |                        |
|       | If yes, submit the following details:                          |                            |  |                                      |  |                        |
| (ii)  | Date of formation of the SLCC                                  |                            |  |                                      |  |                        |
| (iii) | SLCC meeting details:  |                            |  |                                      |  |                        |
|       | Meeting date   |                            | Name of participants                           | Designation of participants          | Points discussed and outcome (please type the approved minutes of meeting) |                        |
|       |  |                            |  |                                      |  |                        |
| B     | <b>Second Objective – Information Centre</b>                   |                            |  |                                      |  |                        |
| (i)   | Number of LLC NGO & LLC PwD Members – Full constitution of LLC |                            |  |                                      |  |                        |
|       | S. No.   | District                   | NGO Member                                     | PwD Member                           | Action taken   |                        |
|       |  |                            |  |                                      |  |                        |
|       |  |                            |  |                                      |  |                        |
| (ii)  | Meeting with Registered Organizations (ROs)                    |                            |  |                                      |  |                        |
|       | S. No.   | Date                       | Mode of Meeting (Virtual/ Physical)            | No. of ROs in State                  | No. of ROs attended  | Topic/ issue discussed |
|       |  |                            |  |                                      |  |                        |
|       |  |                            |  |                                      |  |                        |
| (iii) | Enrolment/ Renewal under Niramaya- Health Insurance Scheme     |                            |  |                                      |  |                        |
|       | S. No.   | No. of ROs                 | No. of Enrolment done during the month         | No. of Renewal done during the month | Remark (if any)  |                        |
|       |  |                            |  |                                      |  |                        |
|       |  |                            |  |                                      |  |                        |
| (iv)  | Promotion of NGO in uncovered district                         |                            |  |                                      |  |                        |
|       | S. No.   | Name of uncovered district | Action taken for promotion of NGO registration |                                      |  |                        |
|       |  |                            |  |                                      |  |                        |
|       |  |                            |  |                                      |  |                        |