



## Proforma for visit to Anganwadi Centre by CMU/ NIPCCD faculty

Name of State/UT.....

Date of Visit:..... Time of Arrival at AWC: -----Leaving Time from AWC: -----

**A. Identification of Anganwadi Centre (AWC) :**

- **Col. 1 :** Name of District : ----- **Col.2:** Name of ICDS Project : -----
- **Col. 3:** Name of AWC : ----- **Col. 4:** 11-digit Angawadi Centre Code:-----

**B. Background Data**

- Operational since.....
- Name of AWW: ----- Appointed since:----- Trained(Job) ----- Untrained:-----
- Telephone (with STD Code)..... Mobile Number:.....
- Name of Helper .....Tel no: -----

**C. Infrastructure Facility Observation ( Write 1 for Yes and 0 for No)**

AWC Closed	Children in AWC	Was AWW present?	Location Accessible	Pucca building	Own AWC Building	Toilet Not in Use?	Drinking Water available	Kitchen Separate available	Safety of AWC children	Electricity available
5	6	7	8	9	10	11	12	13	14	15

Seating Durri/ Mat/Chair/ Floor available	Kitchen Garden With vegetation	Indoor Space Adequate	Outdoor Space Adequate	PSE Kit	Medicine Kit	Salter Weighing Machine	Adult Weighing Machine	New Growth Chart	MCP card
16	17	18	19	20	21	22	23	24	25

- Note: 1) Take a copy of the AW-MPR available at AWC.  
 2) Cross check it with AW-MPR, submitted by AWW through RRS of ICDS Scheme.  
 3) Report the discrepancy in reporting data in visit report.  
 4) Submit the report to I/c CMU within one week of completion of the visit through eOffice / eMail.

**D. Service Delivery**

No. of beneficiaries in last survey Register.					No. Registered For SNP & PSE					No. Actually Receiving SN				
Lactating Mother	Pregnant Women	Severe Und.Wt	6m-3yrs	3-6yrs	Lactating Mother	Pregnant Women	Severe Und.Wt	6m-3yrs	3-6yrs	Lactating mothers	Pregnant Women	Severe Und. Weight	6m-3yrs	3-6yrs
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

Type of SN			SN Cooked by	No of Avg. days in last six months food given	Interruption in SN in last 6 months	Schemes	
THR	Morn. Snack	HCM	SHG/AWW	>21 days/ < 21days	No. of days & Exact Date	Adl. Girls	Maternity Benefit Scheme
41	42	43	44	45	46	47	48

**E. Immunization**

Number of children completed 1 year during the current year including last reporting month	Of these, number of children fully immunized

**F. Comments/ Remarks if any:**

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**( Signature of AWW / Supervisor / CDPO / Gram Pradhan)**

**( Signature of Investigator)**

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