

**JAWAHAR BALA AROGYA RAKSHA, ANDHRA PRADESH**  
**Pupil wise Teacher Responsibilities 2012-2013**  
**School Name & Address**

**PTR**

**NAME OF THE DISTRICT:**

**HM Contact No.**

**Mandal Name:**

**MEO Contact No.**

S.No	Name of the Teacher & contact number	Student Name	Gender	Class	Date of screening		Diagnosis	Treatment	Referred	Data entry online on	Followup	Remarks
					1st round	2nd round						
1												
2												
3												
4												
5												

**Signature of the Teacher**

S.No	Name of the Teacher & contact number	Student Name	Gender	Class	Date of screening		Diagnosis	Treatment	Referred	Data entry online on	Followup	Remarks
					1st round	2 <sup>nd</sup> round						
1												
2												
3												
4												
5												

**Signature of the Teacher**

**Signature of the School Health Coordinator (ANM / Paramedical)**

Name

Designation

**HM Signature**

**Name:**

**Seal:**