

CENTER NAME

## **PROGRESS REPORT**

NAME OF INCHARGE		
MONTH		
		_
DATE		
	SIGNATURE	

						Мо	nth					
Parameter	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-1
No. Of Patients												
Total Amount												
Total Discount												
Total Less												
Total Due												
Total Amount Recieved												
Total Due Amount Recieved												
Total Other Income Recieved												
Total Expence Amount Paid	İ											
Net Cash Amount												

Parameter	·	, i			, i	Mo	nth	·	· ·	·		
Parameter	Jan-08	Jan-09	Jan-10	Feb-08	Feb-09	Feb-10	Mar-08	Mar-09	Mar-10	Apr-08	Apr-09	Apr-10
No. Of Patients												
Total Amount												
Total Discount												
Total Less												
Total Due												
Total Amount Recieved												
Total Due Amount Recieved												
Total Other Income Recieved												
Total Expence Amount Paid												
Net Cash Amount												

COMPARRASION REP	ORT											
Power weeks w						Мо	nth					
Parameter	May-08	May-09	May-10	Jun-08	Jun-09	Jun-10	Jul-08	Jul-09	Jul-10	Aug-08	Aug-09	Aug-10
No. Of Patients												
Total Amount												
Total Discount												
Total Less				1								
Total Due												
Total Amount Recieved												
Total Due Amount Recieved					ĺ							
Total Other Income Recieved					Ī							
Total Expence Amount Paid												
Net Cash Amount												

<b>COMPARRASION REP</b>	PORT											
Parameter						Мо	nth					
Parameter	Sep-08	Sep-09	Sep-10	Oct-08	Oct-09	Oct-10	Nov-08	Nov-09	Nov-10	Dec-08	Dec-09	Dec-10
No. Of Patients												
Total Amount												
Total Discount												
Total Less												
Total Due												
Total Amount Recieved												
Total Due Amount Recieved												
Total Other Income Recieved												
Total Expence Amount Paid												
Net Cash Amount												

						Reson if Need
	ADMINISTRATION	Yes	No	Need	No Need	
	BIO CHEMISTRY	Yes	No	Need	No Need	
MENT	HEAMATLOGY	Yes	No	Need	No Need	
DEPARTMENT	BLOOD BANK	Yes	No	Need	No Need	
Ø.	MICROBIOLOGY	Yes	No	Need	No Need	
	RECEPTION	Yes	No	Need	No Need	
	WASHING	Yes	No	Need	No Need	
R STRUCTURE						
	$\overline{}$					
		N	los.	STA		Reson if NOT Complete
	PATHOLOGIST			COMPLETE	N/COMP.	
	LAB MANAGER ADMIN.			COMPLETE	N/COMP.	
ROST	RECEPTIONIST			COMPLETE	N/COMP.	
ATION !	MARKETING PERSON			COMPLETE	N/COMP.	
DESIGNATION   POST	TECHNICIAN			COMPLETE	N/COMP.	
V	TECHNIOLOGIST			COMPLETE	N/COMP.	
	DIN EDOTOMICT			COMPLETE		
	PHLEBOTOMIST			COMPLETE	N/COMP.	
	Ward Boy			COMPLETE	N/COMP.	

FOLLOW UP MARKETI	NG STRATIEGY				
NEW MARKETING STR	ATTECY				
NEW MARKETING STR	CATIEGY				
SUGAR CAMP					
How many conduct Camp	50	100	3	200	
How many Recvd. Pts.  How many Normal Pts.	25	50	150	150	
How many Abnormal pts.	25	50	100	150	 

GAPS IDENTIFY		 

PROBLEM (IF ANY)		
PROBLEM (IF ANY)	MAINTAINANCE REQUIRED (IF ANY)	
PROBLEM (IF ANY)		
	PROBLEM (IF ANY)	