

### **Integrated Child Development Services**



## **Supplementary Food Distribution**

	Name	Code
District		
ICDS Project (Block)		
Sector		
Village/Ward		
Anganwadi Centre		
Anganwadi Worker		
Anganwadi Helper		



Ministry of Women & Child Development Government of India

### Section 1a: Supplementary Feeding Record for Pregnant Women

1	2	3	4		7	8			
Sl.		Sl. No.	Name	(	Categor	у	Whether	Disabled	Total no. of days
No.	of family	within family		ST	SC	Other	minority in the state (Y/N)	(Y/N)	suppl. food received in the month
Total no	o. of preg absent	gnant	Sum of preg	gnant w	omen g	iven su	pplementary f	ood daily	Total
	nout the	month:				Sui	n of rations g	iven daily	Total
			Number of pregnant women given supplementary food for	ST	Disabled				
			21+ days (count):						

Reporting month/year:.....20.....

							20								9															
						Re	cor	d th	e nu	ımb	er oj	f rat	tion		oate en j		each	ı da <u>ı</u>	y (f	ill O	if ı	ot <u>(</u>	give	n)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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																														_

### Section 1b: Supplementary Feeding Record for Lactating Women

1	2	3	4					7	8
Sl.	Sl. No.		Name		Categor	у	Whether	Disabled	Total no.
No.	of family	within family		ST	SC	Other	minority in the state (Y/N)	(Y/N)	of days suppl. food received in the month
Total ::	o of last	atina							
women	o. of lact absent		Sum of lact	ating w	omen g		pplementary 1		Total
through	hout the	month:	1	<u></u>	66		n of rations g		Total
			Number of lactating women given supplementary food for 21+ days (count):	ST	SC	0ther	Minority	Disabled	

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						Re	ecor	d th	e nu	ımb	er oj	f rat	tion		ote en		each	da <u>.</u>	y (f	ill O	if r	ot g	give	n)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
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## **Section 2a : Supplementary Feeding Record for Girls - 6 months to 3 years old** (Include here all girls of ages 6 months to 2 years and 11 months; move girls who have completed 3 years to section 3a)

1	2	3	4								9	10
Sl. No.	Sl. No. of	Sl. No. within	Name	A	ge	Nutritional Grade	C	atego	ry	Whether minority	Disabled (Y/N)	Total no. of days
NO.	family	family		Yrs	Mons	in previous month	ST	SC	Oth	in the state (Y/N)	(1/N)	suppl. food received in the month
Total no through	o. of girls out the i	absent month:								mentary fo		Total
										marked '		Total Total
	Number of girls given ST SC Other Minority Disabled											
			supplementary food f	or 21-	+ days	(count):						

## **Section 2b : Supplementary Feeding Record for Boys - 6 months to 3 years old** (Include here all boys of ages 6 months to 2 years and 11 months; move boys who have completed 3 years to section 3b)

1	2	3	4							9	10	
Sl. No.	Sl. No. of	Sl. No. within	Name	A	ge	Nutritional Grade	C	atego	ry	Whether minority	Disabled (Y/N)	Total no. of days
NO.	family	family		Yrs	Mons	in	ST	SC	0th	in the state (Y/N)	(1/N)	suppl. food received in the month
T. 1. 1	-61											
	out the i	absent month:								mentary fo		Total
										marked '		Total Total
	Number of boys given ST SC Other Minority Disabled											
			supplementary food f	or 21-	- days	(count):						

## **Section 3a : Supplementary Feeding Record for Girls - 3 years to 6 years old** (Include here all girls of ages 3 years to 5 years and 11 months; exclude girls who have completed 6 years)

1	2	3	4									10
Sl.	Sl. No.	Sl. No.	Name	A	ge	Nutritional	C	atego	ry		Disabled	Total no.
No.	of family	within family		Yrs	Mons	Grade in previous month	ST	sc	Oth	minority in the state (Y/N)	(Y/N)	of days suppl. food received in the month
Total no	o. of girls	s ahsant				Sum of -	rlc c²	ver -	uppla	montar: f	ood daile.	Total
through	out the	month:				Sum of gi				mentary to marked '		Total Total
										s marked		Total
				Disabled								
			Number of girls given supplementary food for 21+ days (count):  ST SC Other Minority Disabled									

## **Section 3b : Supplementary Feeding Record for Boys - 3 years to 6 years old** (Include here all boys of ages 3 years to 5 years and 11 months; exclude boys who have completed 6 years)

1	2	3	4								9	10
Sl.	Sl. No.	Sl. No.	Name	A	ge	Nutritional	C	atego	ry	Whether	Disabled	Total no.
No.	of family	within family		Yrs	Mons	Grade in previous month	ST	sc	Oth	minority in the state (Y/N)	(Y/N)	of days suppl. food received in the month
Total no	o. of boys	s absent				Sum of bo	ys ai	ven si	upple	l mentarv fo	l ood dailv	Total
	out the									marked '		Total
										s marked		Total
				Numbe	er of b	oys given	ST	SC	0ther	Minority	Disabled	
		supplementary food for 21+ days (count):										

### **Section 4a: Supplementary Feeding Record for Temporary Residents**

(Pregnant women, Lactating women, Boys and Girls 6 months to 3 years old)

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1	2	3	4		5	6		7		8	9
Sl. No.	Sl. No. of family	Sl. No. within family	Name		ge nildren ly)	Nutritional Grade in	C	atego	ry	Disabled (Y/N)	Total no. of days suppl. food
				Years	Months	previous month	ST	SC	0ther		received in the month
Pregn	nant won	nen								<u>I</u>	
1											
2											
3											
4											
5											
women			Sum of p	oregna	nt won	nen given	suppl	lemen	itary f	ood daily	Total
through	out the	month:				9	Sum o	f rati	ons g	iven daily	Total
Lacta	iting wor	nen									
1											
2											
3											
4											
5											
Total no women a	of lact	ating	Sum of l	actatir	ıg won	nen given	suppl	lemen	itary f	ood daily	Total
	out the	month:				S	Sum o	f rati	ons g	iven daily	Total
Girls	- 6 mont	hs to 2 y	ears 11 months								
1											
2											
3											
4											
5											
	of girls	absent month:		Su	m of g	irls given	suppl	lemen	itary f	ood daily	Total
						9	Sum o	f rati	ons gi	iven daily	Total
Boys	- 6 mont	ths to 2 y	rears 11 months								
1											
2											
3											
4											
5											
	o of boys			Su	m of b	oys qiven	suppl	lemen	tarv f	ood daily	Total
through	out the	month:									
							oum 0	ı ratı	ons g	iven daily	iocat

Reporting month/year:.....20.....

ı	· · · ·	-	iy iii	Orrei	<i>17</i> y c	ur										10															
							Re	cor	d th	e nu	ımbı	er oj	f rat	tion		ate ⁄en _		each	da <u>:</u>	y (f	ill O	if r	ıot <u>(</u>	give	n)						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
•																															
•	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4																															
4																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1																															
4																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4																															
4																															

### F34b

### **Section 4b: Supplementary Feeding Record for Temporary Residents**

(Boys and Girls 3 years to 6 years old)

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1	2	3	4		5	6		7		8	9
Sl. No.	Sl. No. of family	Sl. No. within family	Name	(for c	ge hildren ıly)	Nutritional Grade in previous	С	atego	ory	Disabled (Y/N)	Total no. of days suppl. food received in
				Years	Months	month	ST	SC	0ther		the month
Girls	- 3 years	to 5 yea	ars 11 months	_							
1											
2											
3											
4											
5											
	o. of girls				Sur	n of girls	given	supp	lemen	tary food	Total
						!	Sum o	f rati	ons gi	iven daily	Total
Boys	- 3 years	to 5 yea	ars 11 months	_							
1											
2											
3											
4											
5											
Total no. of boys absent throughout the month:  Sum of boys given supplementary food daily											Total
									Total		

Reporting month/year:.....20.....

														10																	
		Dates  Record the number of rations given for each day (fill 0 if not given)  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4																															
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4																														_	
1																															
1																															