

IDABRANCH
ACTIVITY REPORT FOR THE MONTH OF

CDE PROGRAMME *(mention proof ref. no)*

Title:
Faculty:
Status: (Intra branch, Interbranch or State LevelCDE)
Date:
Venue:
Start Time:
End Time:
Attendance:
Certificates: Given or not.

CDH ACTIVITIES *(If more than 1, list the activities separately one after the other.)*

(Include Oral Check up/Treatment camp, Awareness programmes, Cancer detection programme, Adoption programme....etc etc.& all other programmes which can be listed under CDH activities)

Date
Place:
No. of Patients:
Associated with any other organizations:

EXECUTIVE COMMITTEE MEETING*(mention proof ref. no)*

EC Meeting No.
Date:
Place:
Attendance:

FAMILY GET-TOGETHER*(mention proof ref. no)*

Meeting No.
Date:
Place:
Attendance:

OTHER ACTIVITIES*(mention proof ref. no)*

(Includes all branch activities not listed under the above headings)

Date:
Place:
Attendance:

Please Note:

- ❖ **Photograph need not be placed amidst the activity report text.**
- ❖ **Place Photograph/digital images or scanned documents or certificates with titles as proof in a separate folder in the same CD .**
- ❖ **Specify the references of photos/scanned image in the concerned matter in the report.**