

A - Attachment.

Report to pay monthly maintenance aids for day care centers

1. Name of the day care center :

2. Address :

3. Approved number of students :

4. Official Name, Bank of the account, Branch, account :
 Number of the person to be paid after aids approved

5. Attendance of the students
 - 5.1 Year Month

 - 5.2

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Attendance															

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Attendance																

- 5.3 Number of students attend on the first day of the month in the register:.....

- 5.4 Number of days of the month day care center was open :.....

- 5.5 Total attendance of the students in the month :.....

- 5.6 Average of the monthly attendance :.....

6. Receipt Rs. Cents.
 - 6.1 Aids received from Department of Probation and Child Care Services :.....
 - 6.2 Aids received from parents/guardians :.....
 - 6.3 Aids received from external :.....
 - 6.4 Aids received from the organization :.....
 - 6.5 Other :.....
 - 6.6 Total Receipts :.....

7. Expenses

Rs. Cents

- 7.1 Food expenses :
- 7.2 Fuel and Electricity :
- 7.3 Sanitary expenses :
- 7.4 Educational expenses :
- 7.5 Other expenses :
- 7.6 Total expenses :

8.

- 8.1 Total receipts :
- 8.2 Total expenses :
- 8.3 Shortage/ Balance :

9. I hereby certify the all the details mentioned here are true and accurate.

Name
 Chairman/Secretary/Manger Signature Date Official seal

Report of Thripasha

- 1. Number of packets recieved :
- 2. Date of recieved :
- 3. Month Year Balance as at

B - Attachment

1. Report to be mentioned in the reverse side of p.c. 26

Probation officer in charge

According to the instructions of 02/2011 circular of probation and child care on the date of I have been to day care center and supervised books and documents relevant to the details of the attachment A about the maintenance aids for the month ofyear..... and I hereby certify/not certify the day care center has been maintained accordingly and satisfactorily. I hereby recommend to pay re header maintenance aids for this month.

- 1. Number of days Day care center has held
- 2. Total attendance of Day care center
- 3. Average attendance of Day care center
- 4. Monthly maintenance aids to be paid Rs.....

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Name of Supervising Signature Date Official seal
probation officer

2. Report to be mentioned in the front page of p.c.26

I hereby recommend to pay the amount of money to be paid as maintenance aids forDay care center.

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Probation officer in charge