

HIV SELF-TESTING

IM SITE

















CCEDETALE IM SITE

Name of the site:				State:		District:			
Address:									
1	2	3	4	5	6	7	8	9	
				Site details			Demonstration		
S.No	Date	City/Place	Name of the Site	Type of the Site	Contact person of the site	Contact number of the site in charge	#kits for demosntration (input)	#kits used for onsite demonstration	
				Private clinic=1 CBO=2 Community site=3 Integrated care center=4			Kits given to PuP for demonstration		
								1	

PuP_POC Name:	POC contact number:	Year:	

10	11	12	13	14	15	16	17	18
	Stock details				Kit details			
Opening stock (in number)	# Procured received	# Despatched/ distributed	# Cancelled kits	Dispatched/distributed to PuP or individuals (please mention the name of the PuP or order id)	Despatched/distributed Kit IDs	Cancelled kits	Closing stock (in numbers)	Remarks
Opening stock need to match with the closing stock of the previous day			Cancelled due to Broken/unsealed/ expired/pilferage		Please write the ID as mentioned in the KIT	Please write the ID as mentioned in the KIT for those that are cancelled	Please check the numbers using the column datat (10+11)-12-13	
10	3	2	2	11002234	1119988766	1119988769	9	

Delhi Office

C-11 (2nd Floor), Green Park Extension, New Delhi - 110016 Phone - 0114 1750 180 | Online presence - https://linktr.ee/programACCELERATE















