

☀ **PROFORMA FOR SUBMISSION OF DAY / WEEK CELEBRATION REPORT** ☀

**NAME OF DAY/ WEEK:** -----

**Theme:** “-----”

**THE ELECTRONIC REPORT SHOULD BE COMPLETED DIGITALLY IN THE BELOW DETAILED FORMAT AND SUBMITTED ON A PEN DRIVE TO THE CENTRAL OFFICE ON OR BEFORE 30TH NOVEMBER 2023.**

**NAME OF THE BRANCH** : \_\_\_\_\_

**CELEBRATION PERIOD** : From \_\_\_\_\_ to \_\_\_\_\_

**OFFICE BEARERS DURING THE PERIOD UNDER REPORT** : **President:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

**MEMBERSHIP STRENGTH** : **TOTAL:** \_\_\_\_\_

**Fellow** : \_\_\_\_\_

**Life** : \_\_\_\_\_

**Asso. Life:** \_\_\_\_\_

**Membership list enclosed Word file / Excel worksheet (Mandatory).**

**ACTIVITIES PERFORMED DURING ----- DAY/ WEEK**

**List 10 or less activities / programs done during ----- DAY/ WEEK, mentioning the venue and co hosts**

1) \_\_\_\_\_

**Venue:** \_\_\_\_\_ **Co host** \_\_\_\_\_

2) \_\_\_\_\_

**Venue:** \_\_\_\_\_ **Co host** \_\_\_\_\_

3) \_\_\_\_\_

**Venue:** \_\_\_\_\_ **Co host** \_\_\_\_\_

4) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

5) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

6) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

7) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

8) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

9) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

10) \_\_\_\_\_

Venue: \_\_\_\_\_ Co host \_\_\_\_\_

• Tick (in block) the participation of following categories of individuals in the programs, mentioning names where relevant:

Medical College \_\_\_\_\_

HOD of Pediatrics / Neonatology \_\_\_\_\_

Members of branch of IAP \_\_\_\_\_

Central IAP Office Bearers / Executive Board Members \_\_\_\_\_

IAP State Branch office bearers \_\_\_\_\_

Paramedical personnel \_\_\_\_\_

- Local Community Leaders \_\_\_\_\_
- Members / Groups of the Lay community \_\_\_\_\_
- Government / NGO / Other organizations / Sponsors \_\_\_\_\_

- Write 1 page report on the celebration of “----- DAY/ WEEK” corroborate with 4 photographs.

**-: DECLARATION :-**

**It is certified that the information provided in the report is true to the best of my knowledge and belief.**

**Date:**

**(Signature of the Secretary)**

**Place:**

**Name:**

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