

PROFORMA FOR WEEKLY SUBMISSION OF INFORMATION DISTRICT WISE

(THIS SUMMARY IS TO BE SUBMITTED DISTRICT WISE ALONG WITH UNIT-WISE SURVEY REPORTS)

DISTRICT	TOWN/ AREA	NAME OF FACTORY / ESTABLISHMENT	FULL POSTAL ADDRESS (WITH PIN CODE)	PHONE & E-MAIL ID	NATURE OF ACTIVITY / BUSINESS	NO OF EMPLOYEES AS ON ----/----/-- ----- INCLUDING REGULAR/CASUAL/CONTRACTUAL EMPLOYEES	NAME OF THE PROPRIETOR/ PARTNER/ DIRECTOR	ADDRESS AND MOBILE No., EMAIL ID	NEAREST MEDICAL FACILITY (GOVT./ PRIVATE)
1	2	3	4	5	6	7	8	9	10

SIGNATURE OF THE PROJECT IN-CHARGE