

Proforma B (GP Wise) For Selection Against Drop Outs

Name of District:

Name of Block:

Name of GP:

No. of Drop Outs:

No. of ASHAs Selected against Drop Outs:

Name of Sub Centre	Gram Sansad	Details of Candidates Selected		Details about Drop Out				Remarks
		Position in Panel	Name of Candidate	Name of Candidate Approved Earlier	Reason for Drop Out	Proof / Documents Related to Drop Out		
						Available (Yes / No)	Attached (Yes / No)	

Signature of Sabhapati
with Date and Official Stamp

Signature of Block Development Officer (BDO)
with Date and Official Stamp

Signature of Block Medical Officer of Health (BMOH)
with Date and Official Stamp