



STATEMENT OF WORKING
FOR THE YEAR 2011-12
IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

Name: _____
Designation: _____
Address: _____
City: _____
State: _____
Pin Code: _____

1. Name of the organization: _____
2. Address of the organization: _____
3. City: _____
4. State: _____
5. Pin Code: _____
6. Name of the project: _____
7. Address of the project: _____
8. City: _____
9. State: _____
10. Pin Code: _____

11. Name of the sponsor: _____
12. Address of the sponsor: _____
13. City: _____
14. State: _____
15. Pin Code: _____

16. Name of the beneficiary: _____
17. Address of the beneficiary: _____
18. City: _____
19. State: _____
20. Pin Code: _____

21. Name of the project: _____
22. Address of the project: _____
23. City: _____
24. State: _____
25. Pin Code: _____

26. Name of the sponsor: _____
27. Address of the sponsor: _____
28. City: _____
29. State: _____
30. Pin Code: _____

31. Name of the beneficiary: _____
32. Address of the beneficiary: _____
33. City: _____
34. State: _____
35. Pin Code: _____

36. Name of the project: _____
37. Address of the project: _____
38. City: _____
39. State: _____
40. Pin Code: _____



2011-12