

ASHA - PAYMENT REGISTER AT PHC FOR MALARIA

Name of the State: _____

Name of the District: _____

Name of the Block : _____

Name of the PHC : _____ PHC Cd _____

Month/ Year: _____ / _____

Sl No	Subcentre	Name of ASHA	ASHA Code	No. of Slides Collected (a)	Incentive @ 5/- per slide (b =aX5)	No. Of RDT Pos Cases Treated (c)	Incentive @ 20/- per RDT pos case treated (d=cX20)	No of slide po cases treated (e)	Incentive @ 50/- per slide pos case treated (f=eX20)	Total Incentive (b+d+f)	Total Paid	Signature of ASHA
1	2	3	4	5	6	7	8	9	10	11	12	13
1												
2												
3												
4												
5												
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20												

Signature of Accountant

Signature of MOPHC