

Performa for submission of quarterly report of National Tobacco Control Program

S. No	Activities	Status	Remarks
	State		
1.	Whether State Cell has been set up with requisite infrastructure		
2.	Status of recruitment of staff in the State Cell -Programme Assistant (mention name) -Data Entry Operator (mention name)		
3.	Details of IEC activities carried at State level		
4.	Details of trainings & workshops carried out		
5.	Any other activity undertaken		
	District		
6.	Whether District Cell has been established with requisite infrastructure		
7.	Status of recruitment of staff -Psychologist (mention name) - Social Worker (mention name) - Data Entry Operator (mention name)		
8.	IEC activities carried out at a district level		
9.	Trainings and workshops at district level		
10.	Activities carried out under school program.		
11.	Whether the TCC facilities have been established. If yes, details may be given.		
12.	Whether mechanism for monitoring provisions under the law and reporting has been established.		
	Others		
13.	Whether the challaning mechanism has been established for smoke free rules.		
14.	Additional list of authorized persons notified.		
15.	Whether a separate account has been opened for depositing the challan money.		
16.	No. of persons challaned and		

	funds collected (information may be given –Month wise)		
17.	Details of NTCP budget & expenditure at State level (As per Annexure A)		
18.	Details of NTCP budget and expenditure at District level (As per Annexure B)		
19.	Best practices		
20.	Remarks		

Total fines collected in Oct. 2010

District	Section IV (INR)	Section V (INR)	Section VI (INR)	Any other (INR)	Total (INR)

Total fines collected in Nov. 2010

District	Section IV (INR)	Section V (INR)	Section VI (INR)	Any other (INR)	Total (INR)

Total fines collected in Dec. 2010

District	Section IV (INR)	Section V (INR)	Section VI (INR)	Any other (INR)	Total (INR)