PHC:_____

Date:_____

To,
The District Medical & Health Officer,
Guntur.

Respected Madam,

I am here with kindly submitting the reasons for pending of schools under ToFEI(Tobacco Free Educational Institutions) Status, Under PHC _____

S.No	Name of the School	School Code	Name of the ANM Mapped School	Govt/Private School	Secretariat	Remarks

Abstract:-

1. No.of ToFEI Pending Schools:
2. Schools Doesn't belongs to PHC:
3. No of Schools Closed since _____Years:
4. No.of Schools ToFEI completed.

Signature of the PHC Medical Officer
With Date & Stamp

Copy to Addl.DM&HO/NCD Nodal officer Guntur.
Copy to State NCD Consultant O/o CFW Mangalagiri. A.P