MONTHLY REPORTING PROFORMA

DISTRICT TOBACCO CONTROL CELL

District……..
Name of Nodal Officer……
Contact Number……..Email……
Tobacco Control Activities under COTPA 2003 for the month of …….
District Tobacco Control Committee Meeting held under chairpersonship of DC dated……
(Enclose minutes of meeting)

1.	**Activities under Section 4:** a) No. of Challan Receipts Issued to Violators b) No. of Court Challan Forms Issued to Violators c) Total Fine collected During the month d) No. of Public Places visited to check signages e) Any Other activity	 …….. …….. …….. …….. ……..
2.	**Activities under Section 5:** a) No. of Court Challan Forms Issued for contravention of the provision of Section 5 b) Any action taken for Prohibition of Advertisement of Cigarettes and other Tobacco Products (TAPS)	 ……. ……. ……. …….
3.	**Activities under Section 6:** a) No. of Challan Receipts issued for sale of Tobacco Products to minors b) No. of Court Challan Forms issued for sale of Tobacco Products to minors c) Total fine collected during the month d) Any Activity in Educational Institutions for the Teachers and Students e) No. of Institutions visited to check signages	 …… …… …… …… …… …… …… ……..
4.	**IEC/BCC Activities Conducted during the month:** a) Awareness Camps b) Involvement of other Departments and NGOs c) Any other Activity	 …… …… ……
5.	Raids conducted on Hukkah Bars or any other activity	
6.	Total Fine Collected During the Month (Section 4/5/6)	
7.	Total Receipts Issued (mention serial numbers)	
8.	Total Court Challan Forms Issued (mention serial numbers)	
9.	Balance of Receipts (mention serial numbers)	
10.	Balance of Challan Forms (mention serial numbers)	

Nodal Officer
District Tobacco Cell

Civil Surgeon

To be Counter Signed by Deputy Commissioner

Note: Please don't leave any Column blank