**UTILIZATION DETAILS – TO BE SUBMITTED 6 MONTHLY**

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Name of the Centre** |  | | | | |
| **Address** |  | | | | |
| **Contact Person** |  | | | | |
| **E-mail id** |  | | | | |
| **Type of Support** |  |  |  |  |  |
| 1. Bhabhatron (Telecobalt) |  |  |  |  |  |
| 1. Imagin (Simulator) |  |  |  |  |  |
| 1. Tele-obalt Source |  |  |  |  |  |
| 1. Other |  |  |  |  |  |
| **Total Amount of Support (INR)** |  |  |  |  |  |
| **Date of installation – Month/Year** |  |  |  |  |  |
| **Utilization Certificate Sent Yes / NO** |  |  |  |  |  |
| **No. of Patient treated** |  |  |  |  |  |
| Year | Site | 1 Quar | 2 Quar | 3 Quar | 4 Quar |
|  |  |  |  |  |  |
| **Any Other Feedback** |  |  |  |  |  |