



NATIONAL HEALTH MISSION LABOR ROOM REGISTER



Facility Name _____ Block Name _____

Type of Facility: District Hospital / Civil Hospital / Community Health Center

Name of Facility In-charge _____

Name of Doctor Labor Room In-charge _____

Name of Staff Nurse I/C Labor Room _____

Name of LaQshya Nodal Officer _____

Name of MH Coordinator _____

From Date _____

To Date _____