

To,

Dated – 03rd July 2024

The Chief Medical Officer

District Dehradun

Uttarakhand-248001

SUBJECT: SUBMISSION OF MTP REPORTS FOR THE MONTH OF JUNE -2024.

Dear Sir,

We are here by submitting the MEDICAL TERMINATION OF PREGNANCY - MTP (Total MTP's – 03) report for the month of **JUNE -2024** for your kind consideration and needful action, please.

Thanking you,

Dr Ashish Yagnik

Dr. Ashish P. Yagnik
Medical Representative
Max Hospital, Dehradun
Mussoorie, Uttarakhand - 248001

MAX

MS



REPORTING FORMAT FOR MTP STATISTICS

Location of the facility / Name of District – Dehradun

Month & Year June -2024

Number of MTP procedures performed –

1* Trimester MTPs	MVA	EVA	Medical Abortion	D & C	Total;
2* Trimester MTPs	—	—	03	—	03
Total MTPs	—	—	03	—	03

Contraception accepted after MTP procedures:

Sl. No.	Method	Number
1	IUCD	
2	Oral Pills	X
3	Injectable	01
4	Condoms	X
5	Sterilization	02
	Total	X 03

Complications, if any Nil

Comments NA

Signature:

Name & Designation

Dr. Luna Pant

03/07/24
Dr. Luna Pant
MBBS, DGO, FICOG
Gynaecology & Obstetrics
Max Super Sp. Dehradun
UKMC Reg. No. - 3581

Date: 03/7/2024

[Signature]

MTP Monthly Reporting Format FORM II [See Regulation 4 (5)]

1. Name of the State- **UTTARAKHAND**

2. Name of the Hospital/approved place – **MAX SUPERSPECIALITY HOSPITAL, MUSSOORIE ROAD, MALSI, DEHRADUN (UTTARAKHAND)**

3. Duration of pregnancy (give total No. only)

(a) Up to 12 weeks - **03**

(b) Between 12–20 weeks - **—**

4. Religion of woman (Please mention)

(a) Hindu - **02**

(b) Muslim - **X**

(c) Christian - **01**

(d) Others - **X**

(e) Total - **X**

5. Termination with acceptance of contraception (Please mention)

(a) Sterilization - **—**

(b) I.U.D. - **—**

(c) Oral Pills - **01**

(d) Condom - **02**

(e) Others (specify) - **—**

6. Reasons for termination: (give total number under each sub-head)

(a) Danger to life of the pregnant woman. **X**

(b) Grave injury to the physical health of the pregnant woman. **X**

(c) Grave injury to the mental health of the pregnant woman. **X**

(d) Pregnancy caused by rape. **X**

(e) Substantial risk that if the child was born, it would suffer from such physical or mental Abnormalities as to be seriously handicapped. **X**

(f) Failure of any contraceptive device or method. **03**

Signature of the Officer In charge with Date

Dr. Luna Pant

[Signature]
3/07/2024

[Signature]