**(Annex. B)**

**The Bharat Scouts and Guides, National Headquarters**

**Consolidated Monthly Reporting Format for AI Teacher Hippo Tool**

**Implementation for the State Coordinators:**(Reports to be submitted by the 12th of every month to NHQ)

1. **General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the State: |  | No. of District participated: |  |
| Reporting Date From: |  | To: |  |
| State Coordinator’s Name:  |  |
| WhatsApp No. |  | Email ID: |  |

1. **Summary of Activities Conducted**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the School / Unit | Date of Activity | Number of Children Involved | Number of Adults Involved (Teachers, Parents, Unit Leaders etc.) | Description of Activity (e.g., tool demonstration, video show) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Promotion and Publicity Efforts**

|  |  |  |  |
| --- | --- | --- | --- |
| Media Type | Platform/Channel | Details of Coverage/Posts (e.g., links, articles, hashtags) | Date |
| Social media |  |  |  |
| Newspapers |  |  |  |
| TV/Radio |  |  |  |
| Others |  |  |  |

1. **Progress Towards State Quota**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Particulars | Remarks |
| 1 | Quota allotted to State |  |
| 2 | No. of Schools involved/completed till Date |  |
| 3 | No. of children participated |  |
| 4 | No. of Teacher/ Unit Leaders/ Parents involved |  |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**State Coordinator**
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

* Ensure all activities are documented with supporting photos, videos, or other evidence.
* Attach relevant media coverage or links.
* The report must be submitted to NHQ through the email AIHIPPOBSG@GMAIL.COM by the **12th of every month**