

SERVICE REPORT

SATHYA SAI BABA CENTRE/BU/DG OF: _____

Quarterly Report for Quarter Ending: _____

Day & Time of Centre/BU/DG Bhajans : _____

No of Devotees Attending Bhajan : _____

SERVICE

No	Activities	Description of Activities (Location, etc.)	Level			Date of Activity	No of Devotees Participating	No of People Served	Organized by			Comments by Centre Chairman
			C	S	N				Youth	Mahila	Centre	
1	Nursing /Old Folks Home Visits											
2	Hospital Visits											
3 a	Visits to Disabled Homes											
3 b	Visits to Orphanages											
3 c	Visits Juvenile Homes											
3 d	Visits to Drug Rehabilitation Centres											
3 e	Visits to Prisons											
4	Supply Food/Dry rations & Clothes Distribution											
5 a	Blood Donation											
5 b	Shelter Construction											
5 c	Leprosarium Visits											
5 d	Medical Camps											
5 e	Free Medical Clinics											
5 f	Free Medical Screening											
5 g	Free Medical Assistance											

SERVICE REPORT

No	Activities	Description of Activities (Location, etc.)	Level			Date of Activity	No of Devotees Participating	No of People Served	Organized by			Comments by Centre Chairman
			C	S	N				Youth	Mahila	Centre	
5 h	Paraplegic Assistance											
5 i	Emergency Relief											
6	Disaster Relief											

Submitted by:
Service Coordinator

Verified by:
Centre Chairman

C: Centre S: State N: National

State Coordinator's comments:

State Coordinator