## FORM-XXVI REGISTER SHOWING THE CHILDREN IN AFTER CARE SUPERVISION.

S.no.	Name of the child	Date of discharge	Probable date of expiry of supervision	Name and Address Of the Supervised child	Signature of the Superintendent	Details of the report on After Care Supervision				Gist Signature
						Monthly	Quarterly	Due date of report	Date of receipt.	of the Superin- tendent