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| **I. Participant** | BOD : ––––/––––/–––– DD / MM / YYYY | Gender: Male Female  |
|  | Code/ID: –––––––––––––– |

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| \*Place of RUTF given/received | Date | Time | # of Sachets | Weight of RUTFs (g) | Weight of empty RUTFs (g) | Comment |
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\* denotes the name of the place where RUTFs or empty RUTFs are given or received

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| **II. CRFs verified by** |  | Date: ––––/––––/–––– DD / MM / YYYY |
| Name: ––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––– | Time: –––– ––––:–––– –––– |