

**OFFICE OF THE DEPUTY DIRECTOR IMMUNIZATION, KARAIKAL**

**IMMUNIZATION SCHEDULE**

Name of the Center:

*PHC Ambagarathur*

Month & Year:

*July. 16*

Sl. No	NAME OF THE SCHOOL	NO. OF STUDENTS			PLANNED DATE
		DPT FOR I STD	TT 10 YR FOR V STD	TT 16 YR FOR X STD	
1.	Gout. Primary School. (APT)	✓	✓	—	17.8.16
2	Gout. Higher Sec. School - (APT)	—	—	✓	18.8.16
	— do —	—	—	✓	19.8.16
3.	Crecent Girls (High School) - (APT)	✓	✓	✓	20.8.16
	— do —	✓	✓	✓	22.8.16
4	KRM. Modern English School - (APT)	✓	✓	✓	23.8.16
	— do —	✓	✓	✓	24.8.16
5	Sai Ram Abeyus English School	✓	✓	—	25.8.16
6	Sriman Narayana High School (Thamaraudi)	✓	✓	—	26.8.16

*Mr. [Signature]*  
Health Assistant

*[Signature]*  
Health Inspector

*[Signature]*  
GENERAL DUTY MEDICAL OFFICER IN CHARGE  
PRIMARY HEALTH CENTRE  
AMBAGARATHUR - 609 601