OFFICE OF THE DEPUTY DIRECTOR IMMUNIZATION, KARAIKAL

IMMUNIZATION SCHEDULE

Name of the Center: PHC Kovilpathu

Month & Year: Aug '2016

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.	GPS - Thalathoppil	4	10	-	1-08-16
2.	GPS - Nehru Nagar	37	31	-	2-08-16
3.	GHS - Kovilpathu	2	17	57	5-08-16

CHIEF MEDICAL OFFICER
KOVILPATHU

Signature of the Medical Officer In Charge