

OFFICE OF THE DEPUTY DIRECTOR IMMUNIZATION, KARAIKAL

IMMUNIZATION SCHEDULE

Name of the Center: PHC - VARICHIKUDY

Month & Year: AUGUST 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	GOVS. HIGH SCHOOL, THIRUVETTAKUDY	12	21	42	22-08-16
2	GOVS. HIGH SCHOOL, PERUMAL KOILS, VCKDY	11	23	24	29-08-16

[Handwritten Signature]

Signature of the Medical Officer In Charge
CHIEF MEDICAL OFFICER
PRIMARY HEALTH CENTRE
VARICHIKUDY - 605 009