OFFICE OF THE DEPUTY DIRECTOR IMMUNIZATION, KARAIKAL

IMMUNIZATION SCHEDULE

Name of the Centre: Nallathur

Month & Year: 2016-2017

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	GOVT PRIMARY SCHOOL - NALLATHUR	05	04	0	18/07/16
2	GOVT PRIMARY SCHOOL - MATHALANGUDY	07	08	0	19/07/16
3	GOVT PRIMARY SCHOOL - KOTTAGAM	04	04	0	20/07/16
	Total	16	16	0	

Signature of the Medical Officer In Charge

MEDICAL OFFICER
PRIMARY HEALTH CENTRE
NALLATHUR
KARAIKAL - 609 603