

IMMUNIZATION SCHEDULE

PHC/GHC: *Ariyankuppam.*

Month/Year: *November 2016*

Sl. No.	Name of the School	No. of Students			Name of the Vaccine			Planned Date
		I	V	X	DPT 5yrs	TT 10yrs	TT 16yrs	
1.	<i>JOEY ENGLISH HIGH SCHOOL KAKAYANTHOPPE</i>	<i>17</i>	<i>18</i>	<i>15</i>	<i>17</i>	<i>18</i>	<i>15</i>	<i>22.11.16</i>
2.	<i>IMMACULATE Hr. Sec. School Ariyankuppam</i>	<i>-</i>	<i>-</i>	<i>161</i>	<i>-</i>	<i>-</i>	<i>161</i>	<i>23.11.16</i>
3.	<i>Immaculate Hr. Sec. School</i>	<i>-</i>	<i>140</i>	<i>-</i>	<i>-</i>	<i>140</i>	<i>140</i>	<i>24.11.16</i>
4.	<i>Immaculate Hr. Sec. School</i>	<i>126</i>	<i>-</i>	<i>-</i>	<i>126</i>	<i>-</i>	<i>-</i>	<i>25.11.16</i>
	<i>ARIYANKUPPAM</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

Madhuvilase
MEDICAL OFFICER I/C

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