



TENTATIVE SHEDULE FOR SCHOOL IMMUNISATION
PRIMARY HEALTH CENTRE
ABISHEGAPAKKAM

SL NO	NAME OF THE SCHOOL	DPT			TT 10 YEARS			TT 16 YEARS			DATE	REMARKS
		M	F	TOTAL	M	F	TOTAL	M	F	TOTAL		
1	Cheddilal Govt. High School Abishegapakkam	—	—	—	—	—	—	40	37	77	4 ¹⁰ / ₁₆	
2	Govt. Primary School Abishegapakkam	7	10	17	14	16	30	—	—	—	13 ¹⁰ / ₁₆	
3	Venus Public School Abishegapakkam	6	2	8	—	—	—	—	—	—	13 ¹⁰ / ₁₆	
4	Govt. Middle School TN Palayam	5	3	8	10	9	19	—	—	—	18 ¹⁰ / ₁₆	
5	AJ Higher Secondary School TN Palayam	29	26	55	18	12	30	14	8	22	20 ¹⁰ / ₁₆	

K. Nal
Signature of Health Inspector

Signature of Medical Officer

D. Sreebhaskar
MEDICAL OFFICER
PRIMARY HEALTH CENTRE
ABISHEGAPAKKAM
PUDUCHERRY

Copy to:

1. The Director
School Education Department
Puducherry.
2. The Deputy Director (Immunisation)
Health Department