



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BUREAU OF EPIDEMIOLOGY AND PREVENTION
NEW DELHI

Form No. 1
Date of Submission: _____
Name of the Institution: _____
Address: _____
City: _____
State: _____
Pin Code: _____

Sl. No.	Name of the Person	Age	Sex	Religion	Occupation	Date of Birth	Date of Admission	Date of Discharge	Duration of Stay	Remarks
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Signature of the Officer in Charge: _____
Date: _____
Place: _____
Name of the Institution: _____
Address: _____
City: _____
State: _____
Pin Code: _____