



MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA
NOTIFICATION OF CASES OF POLIO IN INDIA
 (To be filled up by the reporting authority)

Name: _____ Sex: _____
 Date of birth: _____ Age: _____
 Address: _____
 Date of report: _____

1. Name of the child: _____
 2. Name of the mother: _____
 3. Name of the father: _____
 4. Name of the guardian: _____
 5. Name of the school: _____
 6. Name of the village: _____
 7. Name of the block: _____
 8. Name of the district: _____

Sl. No.	Age	Sex	Date of onset	Place of onset	Place of residence
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100	100				

Signature of the reporting authority: _____
 Date: _____

1. Name of the child: _____
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