

ISD/ACAD/CIR/100/2017

16/02/2017

**CIRCULAR**  
**(Grade I, VI & XI)**

Dear Parent,

Greetings of the Day!

Please fill in the format given below for vaccination as received from MoH and return to the class teacher latest by Monday, 20<sup>th</sup> Feb 2017.

Name of the student: Master/Ms \_\_\_\_\_ Grade \_\_\_\_\_ Div \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ GSM: \_\_\_\_\_

Grade	Age	Vaccination	Taken	Not Taken	Vaccination Required / Not Required
Grade I		DT.OPV			
Grade VI		DT (Adult)			
Grade XI		OPV + Dt			

Thanks & Regards,



**Dr. Sridevi P.Thashnath**  
**Principal**