

## Format of Report prior to start of PPR/ CSF Vaccination

1. State/UT 2. Name of vaccination: PPR/ CSF 3. Date of reporting 4. Phase														
S. no.	Name of District	Doses			Animal Identification				Logistics					
		Total No. of doses of vaccine required for round as per population	Total No. of doses of vaccine available from the previous round of vaccination	No. of doses of vaccine required for next round (after deducting balance)	Target Animal Population	Tags available with States/UTs	Additional tags required	Expected start date of tagging	Targeted animal population	Expected start date	Expected completion date	No. of vaccination teams in districts	Identification of animals for sera collection	Proposed publicity campaign
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Signature</b>														
<b>Name &amp; address of the Reporting Officer</b>														