



Source - Punjabi Target - English
Type - Vaccination Document

| Vaccination Garland [PICTURE] DOB25-1-89 | | Serial Number Institute Child's Name Date of Birth Name of Mother Name of Father Address D/o | | |
|--|---|---|-------------|-----------|
| No. | Vaccine | Decided Date | Actual Date | Signature |
| 1. | Mother's during Pregnancy TT (First Dosage) | | | |
| 2. | Mother's during Pregnancy TT (Second Dosage) | | | |
| 3. | DPT (First Dosage) | 10/4/89 | — | Signed |
| 4. | DPT (Second Dosage) | 15/5/89 | — | Signed |
| 5. | DPT (Third Dosage) | 19/6/89 | — | Signed |
| 6. | Polio Drops (First Dosage) | 10/4/89 | — | Signed |
| 7. | Polio Drops (Second Dosage) | 15/5/89 | --- | Signed |
| 8. | Polio Drops (Third Dosage) | 19/6/89 | — | Signed |

For Yashvi Translation



ATTESTED
MEHAR CHAND PAUL
Notary Advocate
Ghaziabad
Regn. No. - 13416



| No. | Vaccine | Decided Date | Actual Date | Signature |
|-----|-------------------------------------|------------------|-------------------------|-----------|
| 9. | B C G | Refused | | Signed |
| 10. | D. P. T.-M.M.R. (Helping dosage) | 8/10/89 | Private Clinic Bathinda | |
| 11. | Polio (Helping dosage) | DPT - & Polio | 26/9/89 | Signed |
| 12. | D. T. (Helping dosage) | | | |
| 13. | Typhoid (First dosage) | | | |
| 14. | Typhoid (Second dosage) | | | |
| 15. | T. T. (Helping dosage) | | | |
| 16. | T. T. (Helping dosage) | | | |

(Mother father will keep with them)

Please keep this card with you, carefully. When you bring the child to the hospital, remember to bring this card with you. Get the date of vaccine entered in the card. In case of child is hurt, show this card to the attending Doctor. It will help the Doctor in treatment of the child.

Vaccination Garland

[PICTURE]

Health and Family welfare Department,
Punjab

For Yashvi Translation



ATTESTED
MEHAR CHAND PAUL
Notary Advocate
Ghaziabad
Regn. No.-13416

D-3, A-102, J.P. Apartment, 150 Feet Road, Shalimar Garden Extention II
Ghaziabad, (DELHI NCR) Uttar Pradesh Pin - 201005

ਟੀਕ ਮਾਲਾ



ਲੜੀ A
ਸੰਸਥਾ
B.F. S' ਨਾਂ
ਕਨਮ ਤਰੀਕ
wto #
to F' eSi
ਪਤਾ V&P

25-1-89

| | | | |
|---|--------------|-----------|----------|
| ਸ. elā | fcprfHB fM31 | >MRB fM31 | ^RU3 |
| H* 5 3133 RM1 * ?1. Fl. (ufOBl 33*3) | ✓ | | |
| H' j 3133 RM" 2. el. el. (frl «3'3) | ✓ | n | |
| al. ul. el. 3. (ufnHP 33'3) | 6 89 | | RV K. |
| at ul. el 4. (^RI «8'3) | 15 89 | | Q |
| al. ul. el 5. (Hint 33'3) | 19 89 | | 0^. |
| UH1§ 8F' 6. (ufaBIU3'3) | 10 89 | | Q |
| US1§ RF' 7. (^RI 38'3) | 15 8T | | Q |
| UB1§ 5?' 8. (ਤੀਜੀ ਖੁਰਾਕ) | 19 89 | | Q |

| ਨੰ. | ਟੀਕਾ | ਨਿਸ਼ਚਿਤ ਮਿਤੀ | ਅਸਲ ਮਿਤੀ | ਦਸਖਤ |
|-----|-------------------------------------|--------------|----------------|-----------|
| 9. | ਬੀ. ਸੀ. ਜੀ. | | 12/11/89 | |
| 10. | ਡੀ. ਪੀ. ਟੀ. M.M.R. (ਸਹਾਇਕ ਖੁਰਾਕ) | 8 10/89 | Private Letter | BHATI NDA |
| 11. | ਪਲੀਓ (ਸਹਾਇਕ ਖੁਰਾਕ) | 8 10/89 | 26/11/90 | |
| 12. | ਡੀ. ਟੀ. (ਸਹਾਇਕ ਖੁਰਾਕ) | | | |
| 13. | ਟਾਈਫਾਈਡ (ਪਹਿਲੀ ਖੁਰਾਕ) | | | |
| 14. | ਟਾਈਫਾਈਡ (ਦੂਜੀ ਖੁਰਾਕ) | | | |
| 15. | ਟੀ. ਟੀ. (ਸਹਾਇਕ) | | | |
| 16. | ਟੀ. ਟੀ. (ਸਹਾਇਕ) | | | |

(ਮਾਪੇ ਆਪਣੇ ਕੋਲ ਰੱਖਣ)

ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਕਾਰਡ ਨੂੰ ਸੰਭਾਲ ਕੇ ਰੱਖੋ। ਹਸਪਤਾਲ ਵਿਚ ਬੱਚੇ ਨੂੰ ਜਦ ਵੀ ਲਿਆਉ, ਇਹ ਕਾਰਡ ਨਾਲ ਲਿਆਉਣਾ ਜ਼ਰੂਰੀ ਹੈ। ਟੀਕਾ ਲਿਆਉਣ ਦੀ ਤਰੀਕ ਕਾਰਡ ਵਿਚ ਦਰਜ ਕਰਾਉ। ਬੱਚੇ ਨੂੰ ਸੱਟ ਲੱਗਣ ਦੀ ਸੂਰਤ ਵਿਚ ਇਹ ਕਾਰਡ ਡਾਕਟਰ ਨੂੰ ਜ਼ਰੂਰ ਵਿਖਾਉ। ਇਸ ਨਾਲ ਡਾਕਟਰ ਨੂੰ ਇਲਾਜ ਦੇ ਕੰਮ ਵਿਚ ਮਦਦ ਮਿਲੇਗੀ।

ਟੀਕ ਮਾਲਾ



ਸਿਹਤ ਤੇ ਪਰਵਾਰ ਕਲਿਆਣ ਵਿਭਾਗ
ਪੰਜਾਬ