**NATIONAL RABIES CONTROL PROGRAM**

**Line List of Suspected/ Probable/ Confirmed Rabies Cases/ Deaths\***

**Name of the Hospital: Type of Hospital:**

**Address of the Hospital**

**Name & Designation of Nodal Person**

**Contact Number: Email ID**

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| **S.No.** | **Name** | **Age** | **Sex** | **Contact Number** | **Village** | **Sub District/ Taluka/Blck/ Mandal** | **District** | **Biting Animal** | **Suspected/ probable/ Confirmed** | **Address of place where bite incidence took place** | **Category of Bite** | **Status of PEP (Complete/ Partial/ Nil/NA)** | **Name of the health facility reported Rabies case** | **Outcome of patient (Death in Hospital/ LAMA/ Alive)** |
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* **To be reported by Health facilities to district nodal person, State Nodal Person & National Program Division at nrcp.ncdc@gmail.comevery month**