



FORMAT D- LINE LIST OF CONFIRMED COVID-19 CASES

DATE - 05-10-2020

CASE. NO	NAME	AGE	GENDER	ADDRESS	CONTACT NUMBER	NAME OF REFERRING FACILITY	DATE OF SAMLE COLLECTION	DATE OF SAMLE EXAMINATION	RESULT (POSITIVE/NEGATIVE) 2019-NCOV (DETECTED/NOT DETECTED)	REMARKS
C34767	LAXMI LALVANI	80	F	1907, CANNARY HIRANANDANI, THANE	09867780446	ROZA GARDENIA HEALTH CENTER	03-10-2020	05-10-2020	POSITIVE	
C34773	SHIVAJI MARUTI WAGHMARE	36	M	SHREEJI DARSHAN BUILDING A WING 303 AT SHIRGAON BADALAPUR	08108560888	SHAHAPUR	03-10-2020	05-10-2020	POSITIVE	