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| **Vaccination schedule for children** | | | | | |
| Vaccine | No of doses | Age of vaccination | Doses Interval | Route | Site of administration |
| BCG | 1 | After birth | -- | Intradermal | Upper and Outer side of the left Arm |
| Pentavalent Vaccine  (DPT,Hepatitis-B Hib ) PCV | 3 | W6, w10,w14 | 4 weeks | Intramuscular | Outer part of Mid quadrant of left Thigh |
| (pneumococcal conjugated vaccine) | 3 | W6, W10,W14 | 4 weeks | Intramuscular | Outer part of Mid quadrant of Right Thigh |
| bopv | 3 | W6, W10,W14 | 4 weeks | Oral | Oral |
| IPV (fractional dose 1/5th of full dose | 2 | W6, W14 | 8 weeks | Intradermal | Upper and Outer side of the Right Arm |
| Measles-Rubella (MR) | 2 | 9 month & 15 months | -- | Subcutaneous | Outer part of Mid quadrant of Right Thigh |