



**MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA**  
**INVESTIGATION OF EPIDEMIOLOGICAL SURVEILLANCE**

Form No. 1

Date: \_\_\_\_\_

Page No. \_\_\_\_\_

Time: \_\_\_\_\_

1. Name of the place: \_\_\_\_\_

2. Name of the person: \_\_\_\_\_

3. Name of the disease: \_\_\_\_\_

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Signature: \_\_\_\_\_

For the Ministry of Health and Family Welfare, Government of India