



National Centre for Disease Control
Ministry of Health and Family Welfare
Government of India



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

State:

Date:

Name of Nodal Person:
Designation of Nodal Person:

Contact Number:
Email ID:

S.No	Name			Age	Sex	Contact Number	District	Sub District/ Taluk/Block/ Mandal	Village	Biting Animal (Dog & Other)	Suspected / probable/ Confirmed	Place of bite incidence			Category of Bite	Status of PEP (Complete/ Partial/ Nil/NA)	Details of reporting health facility		Outcome of patient (Death in Hospital/ LAMA/ Alive)	Bite from Stray Dog/ Pet Dog	Mobile Number	Date of bite		
	First Name	Middle Name	Last Name									District	Sub District/ Taluk/Block	Village			Name of Institute	District						

To be reported by Health facilities to District Nodal Officer, State Nodal Officer & National Program Division (Delhi) at npreindia-ncdc@ncdc.gov.in every month before 5th day