| Format For FMD Vaccination Annexure I (Page 1) | | | | | | | | | | |
|--|---------------------|---|---------------------------|--|----------|------------|-------|--|-------------------------|--|
| Sr. No. | Name of District | Population of Target Bovine Animals | Vaccination Start Date | Vaccination done till Previous Day | No. of A | nimals Vac | | Cumulative | Cumulative | |
| | | | | | Cattle | Buffalo | Total | Number of Farmers Impacted/ Covered | Vaccinated till Date | Number of Farmers Impacted/ Covered |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Format For FMD Vaccination Annexure I (Page 1) | | | | | | | | | | | | |
|--|--|---------|---------------------|--|--|---------|----------------------------------|--|---------|--|--|---------|
| Sr. No. | No. of Calves Vaccinated during the day (age 4-5 months) | | | Is booster dose being given to calves? (Yes/ No) | If booster dose is given to calves (Yes in column 'O') then no. of calves given booster doses (Booster dose after four weeks of primary vaccination) | | | Total No. of Animals Tagged till Date | | | Cumulative Tagged till Date (Includes Animals Tagged under other | Remarks |
| | Cattle | Buffalo | Total Vaccinated | | Cattle | Buffalo | Total Vaccinated (Booster) | Cattle | Buffalo | Total Tagged Under NDCP- Phase I | programmes/ initiatives) | |
| | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |