

<b>Name of Baby :</b>								
<b>AGE</b>	<b>VACCINE</b>			<b>DUE DATE</b>		<b>DATE GIVEN</b>		
<b>At BIRTH</b>	BCG / '0'OPV Hepatitis-B 1st dose							
<b>6 WEEKS</b>	DPT-1 / OPV-1/IPV1 HIB 1st dose Hepatitis-B 2nd dose Rotavirus 1st dose PCV 1st dose							
<b>10 WEEKS</b>	DPT-2 / OPV-2/IPV 2 HIB 2nd dose Rotavirus 2nd dose PCV 2nd dose							
<b>14 WEEKS</b>	DPT-3 / OPV-3/IPV 3 HIB 3rd dose Rotavirus 3rd dose PCV 3rd dose							
<b>6 MONTHS</b>	Hepatitis-B 3rd dose OPV-4							
<b>9 MONTHS</b>	MEASLES / MMR 1 Typhoid-TCV							
<b>1 YEAR +</b>	CHICKEN-POX-1 Hepatitis-A 1st dose							
<b>15 MONTHS</b>	MMR 2 JE ( Japanese Encephalitis )							
<b>18 MONTHS</b>	DPT / OPV Booster HIB Booster PCV Booster Hepatitis-A 2nd dose							
<b>2 YEARS</b>	TYPHOID-Vi Poly							
<b>5 YEARS</b>	DPT OPV Booster TYPHOID Booster CHICKEN-POX-2							
<b>10 YEARS</b>	TT							

For any questions & clarifications please contact me at **+ 919432245948**

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