To: PMV Email: h			hk N	From: Name: Tel: Date:			(Name of Organisation) (Contact person)		
Managen	nent & `	Vacci	chool, complet nation Division lay after collec	of the C	entre for	r Health I			
	H		Papillomavir ıblic-Private-	ì	•		1 0		
Consent Forms Receipt Note									
This	is	to	acknowledge	that	the	PPP	Vaccination	Team	under
Dr						(Name	of	Doctor)	of
								(Organ	nisation)
has	colle	ected			(Qua	intity)	Consent	Forms	from
							(Name	of Scho	ool) on
			(I	Oate).					
Signature of Collector and Organisation Chop of the PPP Vaccination Team					on .	Signature of School Representative and School Chop			
Name of Collector of						Name of School Representative			

the PPP Vaccination Team