

To

All doctors as per annexure.

Copy to

1. The District Panchayat President, All districts (with C/L) for favour of kind information.
2. The Member of Parliament, All districts (with C/L) for favour of kind information.
3. The MLA's, All districts (with C/L) for favour of kind information.
4. The Principal Secretary to Government Health & Family Welfare Department, Government of Kerala (with C/L) for favour of kind information.
5. The Director of Health Services, Thiruvananthapuram for information.
6. The Director of Medical Education for information.
7. The State Programme Manager (NRHM).
8. The District Medical Officer (Health), All districts
9. The District Programme Manager, All districts
10. The PS to Hon: Minister for Health, Government of Kerala.