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Pune Municipal Corporation
 Health Department
 Non-Communicable Diseases Report
 Form N
 Monthly Reporting Format

Name of the Laboratory : _____ Institution _____
 State : _____ District : _____ Block / Town / City : _____
 Officer - in Charge Name : _____ Signature : _____
 Reporting Week : _____ Start Date : _____ End Date : _____ Date of Reporting : _____

Sl. No.	Diseases	Cases		Deaths	
		Male	Female	Male	Female
1	Cardiovascular diseases				
2	Diabetes				1
3	Chronic Obstructive Pulmonary Disease [COPD]				
4	Cancer				
5	Diseases of the Digestive System				
6	Eye conditions				
7	Genitourinary conditions [prostate disorders, nephritis]				
8	Neuro-psychiatric conditions [mental disorders, epilepsy, Alzheimer's]				
9	Skin and musculoskeletal conditions [e.g. arthritis]				
10	Skin diseases				
11	Congenital and development disorders				
12	Road traffic injuries				
13	Others - give name				
14					
15					
16					
17					
18					
19					
20					

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