Source	S.No	Patient Name /identifier	AEFI Reporting ID Number	Patient Location (Village /Town	Patient Location (District)	sex (m/F)	Pregnant (y/N)	Lactatng (Y/N)	Vaccine/s Brand	Manufactu re Nam	Dose	Vaccine Batch No	Diluent Batch No	Adverse Event	Place of Vaccinati on	Date of onset	Date of Notificaton(DON)	Date of Reporting (DOR)	Serious (y/N)	Resone for Serious	outcome	Autopsy Conuctd in Case Death (y/N)	Reporte d by	Reporter Location 1	Reporter Location 2	Investigati on Planned (y/N)	Date Reported at National Level