



Government of India

**MINISTRY OF HEALTH AND FAMILY WELFARE  
REGIONAL DIRECTORATE OF HEALTH AND FAMILY WELFARE,  
CHHATTISGARH  
(REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE)  
LALPUR, RAIPUR-492001 (C.G.)**

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**Ref. No.** RLTRI/RD/2010/

**Dated** 03.09.2010

To,

The Deputy Director General (RD Cell),  
Directorate General of Health Services,  
Nirman Bhavan,  
New Delhi-110011

Sub: - Report for the month of **August 2010**.

Sir,

Please find enclosed herewith-monthly report for the month of **August 2010** in the prescribed format for your information and necessary action at your end.

Yours faithfully,

Enclosed: -As stated above.  
(*August 2010*)

**[DR. R.N. SABAT]**  
**for REGIONAL DIRECTOR**

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