



Government of India

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

Ref. No. RLTRI/RD/2011/

Dated 08.06.2011

To,

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

Sub: - Report for the month of **May 2011**.

Sir,

Please find enclosed herewith-monthly report for the month of **May 2011** for your kind information and necessary action at your end.

Yours faithfully,

Enclosed: -As stated above.

[DR. R.N. SABAT]
REGIONAL DIRECTOR-I/c

Copy for information (by email) to The Deputy Director General (Leprosy),
Directorate General of Health Services, Nirman Bhavan, New Delhi-110011.

[DR. R.N. SABAT]
REGIONAL DIRECTOR-I/c

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