**Registration of City…. Country…….as part of the Regional Healthy City Network**

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| --- | --- |
| **The city registered by:** | |
| *Name of the Mayor/ Governor* |  |
| *Telephone number* |  |
| *E-mail* |  |
| *Address* |  |
| *Date of registration* |  |

**Key information about the registered city**

**Surface area in** ….. **Km3**

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| |  |  |  | | --- | --- | --- | | **Population in age groups** | | | | under 5 years | Male |  | | Female |  | | 5-15 years | Male |  | | Female |  | | 15-25 years | Male |  | | Female |  | | 25-65 years | Male |  | | Female |  | | above 65 years | Male |  | | Female |  | | Total population | Male |  | | Female |  | | Total |  | | |  |  |  | | --- | --- | --- | | **Social facilities** | | | | Number of hospital | Public |  | | Private |  | | Others |  | | Number of functional Primary Health Care facilities | Public |  | | Private |  | | Others |  | | Number of functional Education institutions | Primary schools |  | | Secondary school |  | | University |  | | Number of parks accessible to public |  |  | | Public transport | Metro | Yes | | No | | Bus | Yes | | No | | Taxi | Yes | | No | | others (please specify) |  | |
| |  |  |  | | --- | --- | --- | | **Other key information** | | | | Number of registered Non Governmental Organizations |  | | | Slum areas  (if any) | Number |  | | Total Population |  | | Geographic location |  | | Availability of health facilities | Yes | | No | | Availability of primary schools | Yes | | No | | **Remarks if any:** |
| **Filled by: (name)** | **Place:** |
| ***Designation:*** | **Date:** |