**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  |  |

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| **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) |  |

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| **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:** |