

Annexure 1: Employment certificate for the purpose of COVID vaccination
(For FLWs/HCWs aged 18 years to 44 years)
(Ref. D.O. No. 1940407/2020/Imm., Dated, 4th April 2021)

Details of Employee:

1. Category of employee : HCW- Central/State/Private
FLW
2. ID type proposed to be used for vaccination :
PAN/Passport/Aadhar/Driving License/
Voter ID/NPR Smart Card/
3. ID Card Number : _____
4. Name (as recorded in the selected ID card) : _____
5. Gender : Male/Female/Other
6. Year of birth (as recorded in selected ID card) : _____

Details of the workplace:

1. Name of the Health Facility/ Office : _____
2. Ministry/Department : _____
3. Full address : _____

- Pin Code : _____

It is hereby certified that the details given hereinabove are correct as per the employment records of Dr./Shri/Smt. _____.

Signature of Employee
Designation: _____
Mobile Number: _____

Signature of authorized official
Name: _____
Designation: _____
Mobile number: _____

Date of issuing: _____
Place of issue : _____

(Office Seal)