

PROFORMA FOR COVID-19 TEST FOR MEMBER OF RAJYA SABHA

Test Counter No.	
Test No.	
Date	

IC No.	
Name	
E-mail address of the Member	
State Elected from / Nominated	
Gender & Age	
Aadhaar Number	
Phone Number	
Mobile Number	
Residential Address with Pin Code	
Any Co-morbidity	

(Signature of the Member)

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1. All columns to be dully filled.
 2. Proforma to be filled in duplicate and to be submitted at the test counters at PHA at the time of the test.

PROFORMA FOR COVID-19 TEST FOR MP's FAMILY AND STAFF

Test Counter No.	
Test No.	
Date	

Member's name and I.C. No.	
State Elected from / Nominated	
E-mail address of the Member	
Name of the Family Member / Staff	
Gender & Age	
Aadhaar Number of the Family Member / Staff	
Relationship to the Member	
Phone Number	
Mobile Number	
Residential Address with Pin Code	
Any Co-morbidity	

(Signature of the family member / staff)

(Signature of the Member with Stamp)

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1. All columns to be dully filled.
 2. Proforma to be filled in duplicate and to be submitted at the test counters at PH at the time of the test.