

PROFORMA FOR COVID-19 VACCINATION FOR MPs

DATE OF 1st DOSE* TAKEN

DUE DATE OF 2nd DOSE*

**Pl. indicate the type of vaccine taken
covishield/covaxin etc. (Please enclose copy of the
certificate)**

***IF APPLICABLE**

DATE:

Vacination Center:-

PHA / PLB

Serial Number

IC NO.

Name

State of Election

Gender & Age

Aadhaar Number

Whatsapp Number

Mobile Number

Residential Address with Pin Code

(Signature)