

Annexure 3

Eligibility certificate for the purpose of COVID vaccination (State Corona frontline warriors /Priority group aged 18 years to 44 years)

Details of beneficiary:

1. Category of beneficiary FLW/ Priority
State FLW category to be specified as per defined list
2. ID type proposed to be used for vaccination _____
PAN/Passport/Aadhar/Driving License/
Voter ID/NPR Smart Card
3. ID Card Number *
4. If no ID available (facilitator ID and Phone no.)
5. Name (as recorded in the selected ID card) _____
6. Gender Male/Female/Other
7. Year of birth (as recorded in selected ID card) _____

Details of the workplace:

1. Name of the Health Facility/Office/workplace/category _____
 2. 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. _____

*Any other authentic record please specify

Signature of Employee
Designation: _____
Mobile Number: _____

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

Date of issuing: _____

Place of issue: _____

(Office Seal)