

### 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  
State FLW category to the specified as per defined list FLW/Priority
- 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 the authorized Official

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Date of issuing : \_\_\_\_\_

Place of Issue : \_\_\_\_\_

(Office Seal)