

Vaccination drive - Survey

1. Full Name *

G Asish Kumar

2. Employee ID *

8095037

3. Employee Email ID *

gasishkumar@virtusa.com

4. Mobile Number *

7008431874

5. Vaccination status (Yes / No) *

☒ Yes

☐ No

6. If Vaccinated, was it Dose 1 or 2 *

- ☒ Dose 1
- ☐ Dose 2
- ☐ Not vaccinated

7. Current residence address with Pincode (pincode is a must) *

Brundaban Nagar 3rd Lane , Industrial Estate, Berhampur,Odisha , 760008

8. Do you need support for vaccination *

- ☐ Yes
- ☒ No

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms |

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

| [Terms of use](#)