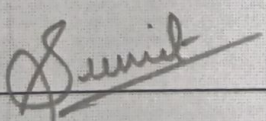


Name:	SUMIT MAHESHWARI	Job Title:	SENIOR SOFTWARE ENGINEER
Department:	DIGITAL ENGINEERING	Reports to:	ABHISHEK KUMAR
Staff ID:			
Currently resides in: <input type="checkbox"/> A Villa <input checked="" type="checkbox"/> Apartment <input type="checkbox"/> Shared Accommodation			
Currently commute using:			
<input type="checkbox"/> Own Car <input checked="" type="checkbox"/> Public Transportation			
<input type="checkbox"/> Share with colleague : specify colleague Name/Department : _____			

<b>A. COVID-19 Vaccine:</b>	
1. Did you already take COVID-19 vaccine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes answer the following:	
<ul style="list-style-type: none"><li>Type of Vaccine taken: COVISHIELD</li><li>Date of First Dose : May 25<sup>th</sup>, 2021</li><li>Date of Second Dose : Aug 19<sup>th</sup>, 2021</li><li>Date of Booster Dose :</li></ul>	
2. Once you complete your vaccination and booster dose, please share your completion certificate with the HR.	

By signing this document, I declare that:

The information given is complete and accurate. I will adhere to all the necessary precautionary measures that the company advises me to follow at all times.

Employee signature:  Date: 07-02-2024

\* This document is in effect from 1<sup>st</sup> January 2021.

