

**Annexure 1: Employment certificate for the purpose of COVID vaccination  
(For FLWs/HCWs aged 18 years to 44 years)**

(Ref. D.O. No. 1940407/2020/Imm., Dated, 4<sup>th</sup> April 2021)

**Details of Employee:**

1. Category of employee : HCW- Central/State/Private  
FLW
2. ID type proposed to be used for vaccination :  
PAN/Passport/Aadhar/Driving License/  
Voter ID/NPR Smart Card/
3. ID Card Number : \_\_\_\_\_
4. Name (as recorded in the selected ID card) : \_\_\_\_\_
5. Gender : Male/Female/Other
6. Year of birth (as recorded in selected ID card) : \_\_\_\_\_

**Details of the workplace:**

1. Name of the Health Facility/ Office : \_\_\_\_\_
  2. Ministry/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. \_\_\_\_\_

Signature of Employee  
Designation: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

Signature of authorized official  
Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Mobile number: \_\_\_\_\_

Date of issuing: \_\_\_\_\_  
Place of issue : \_\_\_\_\_

(Office Seal)