



Date: 10/05/2021

NOTICE

In continuation of the Notice dt. 30.04.2021 it is to inform that following persons shall be included for receiving the vaccine for protection from COVID 19 at the hospital of IEST, Shibpur.

- All superannuated employees and their close family members that will include parents, spouse, unmarried dependant sister and children.
- Extended family of all categories (regular, contractual, hired from agency and security) of current employees. The extended family will include parents-in-law, brother, sister and their spouses, uncle, and aunt. In this category domestic helpers and the driver of the employee can be recommended. One employee can recommend maximum 6 persons.

The registration for above category of persons shall be made through Google Form and those who are unable to fill up Google Form may submit duly filled hard copy of the Registration Form. The hard copy form has to be submitted at the Hospital. The links for Google forms are given below and hard the copies of the forms are attached.

Registration form for Covid 19 vaccination at IESTS Hospital (For Extended Family Members):
<http://t.ly/Fvwu>

Registration form for Covid 19 vaccination at IESTS Hospital (For Retired Employee and Family Members): <http://t.ly/L9B0>

As per the intimation from the government presently the second dose vaccination shall be administered. It is also to be noted that the schedule for vaccination shall be prepared on the basis of availability (vaccine type & quantity) of vaccines from CMOH, Howrah. The team responsible for administering vaccine at the IEST, Shibpur shall contact the concerned employee / superannuated employee to intimate the vaccine schedule.

This is issued with the approval of the competent authority.

Deputy Registrar i/c Hospital

Copy to:

1. Medical Officer – requested to circulate among all the staff members
2. Chairman, CMS
3. PS to Director
4. Website



Registration form for Covid-19 vaccination at IESTS Hospital for extended Family Members

- Email*

- Name of Employee*

- Mobile number*

- Department/Section*

- Designation*

- Employee code*

- Type of employment (Please Tick)*

Regular

Contractual

Outsourced

- Name of extended family member 1*



- Relationship with employee*

- Year of Birth*

- Already first dose taken? (Please Tick) * Yes No

- If Yes, date of first vaccination* / /

- If Yes, Select Type of vaccine(Please Tick) * Covishield Covaxin

- Name of extended family member 2*

- Relationship with employee*

- Year of Birth*

- Already first dose taken?*(Please Tick) Yes No

- If Yes, date of first vaccination* / /

- If Yes, Select Type of vaccine (Please Tick) * Covishield Covaxin

- Name of extended family member 3*

- Relationship with employee*



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- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No
- If Yes, date of first vaccination*
- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin
- Name of extended family member 4*

- Relationship with employee*

- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No
- If Yes, date of first vaccination*
- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin
- Name of extended family member 5*

- Relationship with employee*

- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No

***List of Relationship with employee: Spouse, Parents, Children, Brother/His wife, Sister, Mother-in-law, Father-in-law, Uncle/Aunt, Domestic Help and others*



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- If Yes, date of first vaccination* //
- If Yes, Select Type of vaccine (Please Tick) * Covishield Covaxin
- Name of extended family member 6*

- Relationship with employee*

- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No
- If Yes, date of first vaccination* //
- If Yes, Select Type of vaccine (Please Tick) * Covishield Covaxin

Signature with date

***List of Relationship with employee: Spouse, Parents, Children, Brother/His wife, Sister, Mother-in-law, Father-in-law, Uncle/Aunt, Domestic Help and others*



Registration form for Covid-19 vaccination at IESTS Hospital for Retired Employee and Family Members

- Email*

- Name of Retired Employee*

- Mobile number*

- Department/Section*

- Year of retirement*

- Year of Birth*

- Already first dose taken? (Please Tick)* Yes No

- If Yes, date of first vaccination* / /

- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin

- Name of family member 1*

***List of Relationship with employee: Parents, Spouse, Son, Daughter and other.*



- Relationship *

- Year of Birth*

- Already first dose taken?*(Please Tick) Yes No

- If Yes, date of first vaccination* / /

- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin

- Name of family member 2*

- Relationship with employee*

- Year of Birth*

- Already first dose taken?*(Please Tick) Yes No

- If Yes, date of first vaccination* / /

- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin

- Name of extended family member 3*

- Relationship with employee*

***List of Relationship with employee: Parents, Spouse, Son, Daughter and other.*



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- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No
- If Yes, date of first vaccination* //
- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin
- Name of extended family member 4*

- Relationship with employee*

- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No
- If Yes, date of first vaccination* //
- If Yes, Select Type of vaccine (Please Tick)* Covishield Covaxin
- Name of extended family member 5*

- Relationship with employee*

- Year of Birth*
- Already first dose taken?*(Please Tick) Yes No

***List of Relationship with employee: Parents, Spouse, Son, Daughter and other.*



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- If Yes, date of first vaccination* / /
- If Yes, Select Type of vaccine (Please Tick) * Covishield Covaxin
- Name of extended family member 6*

-
- Relationship with employee*

-
- Year of Birth*

- Already first dose taken?*(Please Tick) Yes No

- If Yes, date of first vaccination* / /

- If Yes, Select Type of vaccine (Please Tick) * Covishield Covaxin

- Photo Identity Card (Adhar/PAN/Voter ID/Driving license etc.) of the employee
(Please attach separate copy)

Signature with date

***List of Relationship with employee: Parents, Spouse, Son, Daughter and other.*