



Date: 30/04/2021

NOTICE

An arrangement has been made at the Institute Hospital to vaccinate the employees and their family members and also students residing in the Campus hostels. The vaccination process shall be held in the following phases:

- At the first phase, vaccine shall be given to the employees of all categories (regular, contractual, hired from agency and security) and students residing in the Campus hostels.
- In the second phase, family members of all the above employees shall be administered. Family members such as parents, spouse, unmarried/dependant sister and sons & daughters above 18yrs shall be considered.

All willing employees shall be required to register. The registration shall be made either through Google Form or by Hard copy form. Separate forms shall be submitted for the employees and family members. The links for Google forms are given below and hard copies of the forms are attached herewith.

Online Registration form links for Covid 19 vaccination at IESTS Hospital:

For Employees/Students t.ly/Hpkj

For Family Members: t.ly/KzWH

Those who will fill up hard copy are requested to submit to the Institute Health Centre.

The Last date is 03/05/2021.

The schedule for vaccine administration shall be prepared on age wise. It is learnt that the CMOH, Howrah, shall provide the vaccine of 100 doses daily subject to the availability of the vaccine by them. The vaccine administration schedule shall be prepared according to availability. The vaccine type (COVAXINE/COVISHIELD / other) that will be given by CMOH, Howrah shall be administered.

The arrangement of vaccination for the retired employees shall be arranged in due course.

This is issued with the approval of the competent authority.


30/04/2021
Deputy Registrar i/c Hospital

Copy to:

- Medical Officer – requested to circulate among all the staff members
- Chairman, CMS
- PS to Director
- Website



Registration form for Covid-19 vaccination at IESTs Hospital for Employees

- Name of the employee*

- Mobile Number*

- Year of Birth*

- Department/Section*

- Designation*

- Employee Code*

- Type of employment (Regular/Contractual/Outsourced/Retired)*



- Whether, first dose taken?* (Yes/No)

- If yes, mention the date

- If yes, name of the vaccine(Covishield/Covaxin/Others)

- Photo identity card (Aadhar/PAN/Voter ID/Driving Licence etc.)
(Please attach separate copy)

Signature with date



**Registration form for Covid-19 vaccination at IESTs Hospital
for family members**

- Name of the employee*

- Mobile Number*

- Department/Section*

- Designation*

- Employee Code*

- Type of employment (Regular/Contractual/Outsourced/Retired)*

- Name of family member 1:

- Relationship with employee (Parent/Spouse/Son/Daughter/any other)



- Year of Birth*

- Name of family member 2:

- Relationship with employee (Parent/Spouse/Son/Daughter/Any other)

- Year of Birth*

- Name of family member 3:

- Relationship with employee (Parent/Spouse/Son/Daughter/Any other)

- Year of Birth*

- Name of family member 4:

- Relationship with employee (Parent/Spouse/Son/Daughter/Any other)

- Year of Birth*



- Name of family member 5:

- Relationship with employee (Parent/Spouse/Son/Daughter/Any other)

- Year of Birth*

- Name of family member 6:

- Relationship with employee (Parent/Spouse/Son/Daughter/Any other)

- Year of Birth*

Signature with date