

## Derozio Memorial College Student Vaccination Details

The Form is created to record the details of the vaccination of the students of Derozio Memorial College, Kolkata 700136. The Form will be taking only one submission from one email id. Therefore, the students are requested to be very careful while filling out the form and also provide a valid mobile number (prefereably WhatsApp number) so that they may be contacted in future if needed.

The fields with star marks in red are mandatory.

guddusantra97@gmail.com Switch accounts

 $\odot$ 

\* Indicates required question

Email \*

Your email address

Name of Student \*

Your answer

Course \*

Choose 👻

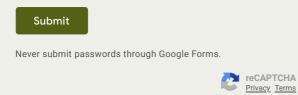
## Semester \*

Choose

## Gender \*

Choose 🗸

| Date             |  |
|------------------|--|
| dd-mm-yyyy       |  |
| Mobile no. (Pre  | eferably WhatsApp, Telegram etc.) *                        |
| Your answer      |  |
| ID Number (AA    | ADHAAR / EPIC etc.) *                                      |
| Your answer      |  |
| Dose Required    | *  |
| Choose           | •  |
|                  |  |
| If 2nd Dose is I | required, please mention the date of 1st Dose given        |
| Date             |  |
| dd-mm-yyyy       |  |
| If Booster Dos   | e is required, please mention the date of 2nd Dose given * |
| Date             |  |
| dd-mm-yyyy       |  |
| If 1st Dose is c | jiven, type of Vaccine of 1st Dose given                   |
| Covaxin          |  |
| Covishield       |  |
| Other:           |  |
| $\smile$         |  |



Clear form

Google Forms

