



## 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 (preferably 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](#)



\* Indicates required question

Email \*

Your email address

Name of Student \*

Your answer

Course \*

Choose



Semester \*

Choose



Gender \*

Choose



Date of Birth \*

Date

dd-mm-yyyy 📅

Mobile no. (Preferably WhatsApp, Telegram etc.) \*

Your answer

ID Number (AADHAAR / EPIC etc.) \*

Your answer

Dose Required \*

Choose

If 2nd Dose is required, please mention the date of 1st Dose given

Date

dd-mm-yyyy 📅

If Booster Dose is required, please mention the date of 2nd Dose given \*

Date

dd-mm-yyyy 📅

If 1st Dose is given, type of Vaccine of 1st Dose given

- Covaxin
- Covishield
- Other: \_\_\_\_\_

A copy of your responses will be emailed to the address that you provided.

Submit

Clear form

Never submit passwords through Google Forms.

# Google Forms



