

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 👻

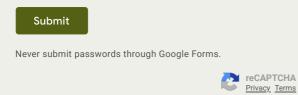
Semester *

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

