

NHM-HP-CCVM084-B/1/2021-E25081 - 21053
 National Health Mission
 Himachal Pradesh

Dated: Shimla-9, the 09 JUN 2021



NOTIFICATION


In continuation of Notification no. NHM-HP-CCVM0084-B/1/2021-E25081-20730 dated 6th May 2021, NHM-HP-CCVM0084-B/1/2021-E25081-20782 dated 14th May 2021, NHM-HP-CCVM084-B/2/2021-E22712-20883 dated 28th May 2021 and NHM-HP-CCVM084-B/2/2020-E22712-20897 dated 29th May 2021, the Governor of Himachal Pradesh is pleased to further include the categories as listed in the table below as prioritized groups for the purpose of COVID-19 Vaccination only, in Himachal Pradesh. The format of identification certification to be generated for the purpose of COVID-19 vaccine registration and authentication on COWIN Portal and verified from the concerned Government Department in FLW category for COVID Vaccination only shall be as per "Annexure A" for Point no. 2 and Annexure B for Point No. 1:

Sr. No	Category	Certificate to be issued by
1.	All Lactating Mothers	Circle Supervisor (Deptt. of WCD)/Health Supervisor/Health Worker (Deptt. of HFW)
2.	Prisoners of foreign origin	Superintendent Jail
3.	Employees of Deptt. of Labor and Employment	Labor Inspector/HOD

The format of certification duly signed & verified by authorities, mentioned above, shall be accepted for the purpose of vaccination. The responsibility of issuing the certificate to genuine persons shall lie entirely with the officers signing the certificate.


The vaccine to be utilized for these additional groups shall be as per allocation in FLW category. It is further clarified that these groups added by the State vide the notifications mentioned ibid as well as the instant notification are only for the purpose of COVID-19 vaccination and shall not accrue any other benefit in favour of the beneficiaries.




Secretary (Health) to the
Government of Himachal Pradesh

Endst. No: As above, Dated: Shimla-9, the
Copy to information and necessary action to:-

1. The Chief Secretary Cum Chairman state steering Committee COVID Vaccination for information please.
2. The Additional Chief Secretary to the Hon'ble Chief Minister for information please.
3. The Special Secy. Health for information & necessary action please.
4. All the Deputy Commissioners in Himachal Pradesh for information please.
5. Labour Commissioner, Himachal Pradesh
6. The Director Health Services, Himachal Pradesh for information please.
7. The Director WCD, Brentwood Estate, Near Himland, Shimla for information and necessary action please
8. All the Chief Medical Officers for information and necessary action please.
9. All the District Immunization Officers for information and necessary action.


Secretary (Health) to the
Government of Himachal Pradesh

Annexure A

To Whom It May Concern

Certified that Sh./Smt _____ is an employee of _____ Department within the age limit of 18 years to 44 years and shall be entered as Front Line Workers/ Prioritised Group in COWIN portal for the purpose of COVID Vaccination only. I endorse the following details as given below:

1. Aadhaar No:-
2. Name (as recorded in the Aadhaar Card):-
3. ID Card No:-
4. Age:-
5. Gender:-
6. Address:-

Details of the Workplace

1. Name of the Office:-
2. Full Address (Office) _____

Pin Code:- _____

It is hereby certified that the details given here in above are correct as per the records of Sh./Smt. _____.

Signature of FLW

Signature of verifying Authority

Designation :- _____

Designation :- _____

Name :- _____

Mobile Number :- _____

Mobile Number :- _____

Annexure B

To Whom It May Concern

Certified that Smt _____ is a Lactating Mother within the age limit of 18 years to 44 years and shall be entered as Front Line Workers/ Prioritised Group in COWIN portal for the purpose of COVID Vaccination only. I endorse the following details as given below:

1. Aadhaar No:-
2. Name (as recorded in the Aadhaar Card):-
3. ID Card No:-
4. Age:-
5. Gender:-
6. Address:-

Details of the Home

Full Address _____

Pin Code:- _____

It is hereby certified that the details given here in above are correct as per the records of Smt. _____.

Signature/Thumb Impression

Signature of verifying authority

Name :- _____

Designation :- _____

Mobile Number :- _____

Mobile Number :- _____