

PONDICHERY UNIVERSTIY

EMPLOYEES COVID VACCINATION STATUS

Name of the Dept./Centre/Office:

S.No.	Name & Designation	Tested COVID + ve Yes/No	Date of 1st dose of vaccination	Date of 2nd dose of vaccination	Name of the Vaccine	Reference ID of MoHFW as per certificate	Signature of the employee

Place:

Date :

Signature of the HoD /Centre Head/Office