

NHM-HP-CCVM084-B/2/2020-E22712
National Health Mission
Himachal Pradesh



Dated: Shimla-9, the

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 and NHM-HP-CCVM084-B/2/2021-E22712-20883 dated 28th 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 for COVID Vaccination only, shall be as per "Annexure A":

Sr. No	Category	Certificate to be issued by
1.	Employees of Department of Agriculture (including Staff of HP State Agricultural Marketing Board)	Deputy Director Agriculture/Subject Matter Specialists/HoD
2.	Employees of Department of Horticulture	Deputy Horticulture/Subject Specialists/HoD Director Matter
3.	Employees of IPR Department	DPRO/Director IPR
4.	Employees of Excise Department	Excise and Taxation Officer/AETC/HoD
5.	Employees of Rural Development	BDO/PO DRDA

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. In addition to above, in partial modification of Notification no. NHM-HP-CCVM084-B/2/2021-E22712-20883 dated 28th May 2021, all the staff working under Department of prosecution (Sr. No. 17) shall be certified by the Director/Joint Director of Prosecution.

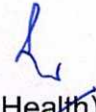
The vaccine to be utilized for these additional groups shall be as per allocation in FLW category. It is further clarified that these groups added by the State vide the notifications mentioned ibid as well as the instant notification are only for the purpose of COVID-19 vaccination and shall not accrue 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 Addl. Chief Secretary (Agriculture) to the Govt. of Himachal Pradesh for information please.
4. The Additional Chief Secretary (Excise and Taxation) to the Government of Himachal Pradesh for information please.
5. The Principal Secretary (IPR) to the Govt. of Himachal Pradesh for information please
6. The Secretary (Rural Development) to the Govt. of Himachal Pradesh for information please.
7. The Secretary (Horticulture) to the Govt. of Himachal Pradesh for information please.
8. The Special Secretary (Health) for information & necessary action please.
9. The Director Prosecution for information and necessary action please.
10. All Deputy Commissioners for information please.
11. All the Chief Medical Officers for information and necessary action please.
12. All the District Immunization Officers for information and necessary action please.


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 :- _____