



**Government of Karnataka
Department of Health and Family Welfare**

Annexure-4

Declaration form for Covishield vaccination of International travellers

I (Name as in Passport) aged.....years with passport number have taken COVISHIELD vaccine on and have completed days. I wish to travel abroad for education purpose/job/ Olympics.

I am hereby submitting the following documents for proof of my travel (encircle):

1. Admission offer or associated formal communications for the purpose of education
2. Returning to the institution for continuing my education
3. Interview call for job
4. Offer letter for taking up employment
5. Returning backto resume my job
6. Nomination to participate in the Tokyo Olympic games

I hereby declare that the information furnished above is factually correct.

Signature of the Applicant

Date:

Verification certificate from competent authority in the district

Documents submitted by are verified and are found to be correct. The applicant has taken first dose COVISHIELD vaccine on and has completed 28 days and is eligible for 2nd dose of COVISHIELD vaccine.

Deputy Commissioner/ Zonal Commissioner-BBMP

Signature with official seal:

Date:

Note: Annexure-4 to be uploaded on COWIN portal during vaccination of the beneficiary



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Annexure-5

**CERTIFICATE FOR COVID-19 VACCINATION
(Applicable for eligible international passengers - to be attached
with Co-WIN final vaccination certificate)**

Beneficiary Name (as per Passport):

Age/ Gender:

Passport number:

ID card used for registration on Co-WIN:

ID card number:

Co-WIN beneficiary reference ID (Last 11 digits):

Vaccine Name:

Date of First dose:

Date of Second dose:

Certification from Deputy Commissioner/ Zonal Commissioner-BBMP

Date:

Signature and seal: