

APPLICATION FORM FOR COVID VACCINE

To
The Secretary
Sonarpur Moonlight Foundation
Rajpur, Kolkata 700151

Respected Sir,

I s/d/w/ of residing at would like to state that my, namely (name of patient) who is admitted in your esteem foundation since for treatment of his/her mental illness.

That I further state that I would like to vaccinate my with 1st/2nd dose of either of available Covid Vaccine i.e. (Covishield/Covaxin), against Covid -19 as early as possible.

Therefore I as a lawful guardian/ next friend/relative hereby send all my necessary permissions to vaccinate my namely With either of the available Vaccine and I also assure to take every responsibility of any of the side effects of the vaccine (if happens) to him/her.

Thank You
Yours Faithfully,
