

FORM-II

*(Para3(1) of Health & Family Welfare Department's Notification No.D.33011/38/2020-HFW(nCOV)
dt.24.09.2021)*

Healthcare Worker/Covid Executive Duty member-te Covid-19 enkawlana a thlawna
dawng thei tur an nih sawifahna hriatpuina
(Certification for availing Covid-19 free treatment for HCW/CED Members)

1. Name (Hming): _____
2. Father's/Mother's Name (Pa/Nu hming): _____
3. Address (Veng, Khua, etc.): _____
4. Whether he/she is a Healthcare Worker/Covid Executive Duty, if so, place of duty
(Healthcare Worker/Covid Executive Duty a ni em?, a nih chuan a duty na hmun):

5. Date (or approximate date) of infection with Covid-19 (Covid hri kai ni/ a vel tal):

6. Whether or not the person got infected while on active duty, if so, give details (Duty
na atanga Covid-19 kai a nih leh nih loh, a nih chuan a kai dan tlangpui):

certified by

Date:
Place:

(Name, Signature and seal of Controlling Officer)