

FORM-I

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

VLTF/LLTF /Care-giver hrikaite a thlawna enkawl tur zinga tel an nih sawifiahna
(Certification for availing Covid-19 free treatment for VLTF/LLTF and Care-giver)

1. Name (Hming): _____
2. Father's/Mother's Name (Pa/Nu hming): _____
3. Address (Veng, Khua,etc.): _____
4. Whether he/she is a Care-giver/VLTF/LLTF member, if so, name of the post held
(Care-giver emaw VLTF/LLTF member emaw a ni em?, a nih chuan a VLTF/LLTF-a
a nihna chelh lai): _____

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 Chairman/Secretary, VLTF/LLTF)