

(TO BE FILLED IN DUPLICATE)

**PROFORMA FOR COVID-19 TEST FOR MP's FAMILY MEMBER /
PERSONAL STAFF**

Test Counter No.	
Sample ID	
Date	

Name of MP's family member / staff	
Gender & Age	
Aadhaar number of the family Member / Staff	
Name of the Member (With IC no., state elected from / nominated)	
Relationship with the Member	
Mobile Number of the family member / staff with WHATSAPP Number	
Mobile no. of the Member with WHATSAPP Number	
E-mail address of the Member	
Delhi address with Pin Code	
Any Co-morbidity	

(Signature of the family member / staff)

(Signature of the Member with Stamp)

1. All columns to be duly filled.
2. Proforma to be filled in duplicate and to be submitted at the test counters at the time of the test.