

(TO BE FILLED IN DUPLICATE)

PROFORMA FOR COVID-19 TEST FOR MEMBER OF RAJYA SABHA

Test Counter No.	
Sample ID	
Date of Sample	

Name of the Member	
I. C. No. of the Member	
E-mail address of the Member	
State Elected from / Nominated	
Gender & Age	
Aadhaar Number	
Mobile Number with WHATSAPP Number	
Delhi address with Pin Code	
Any Co-morbidity	

(Signature of the Member)

-
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.