

F.No. D-12019/8/2022-GENERAL ADMIN-MOWR  
Government of India  
Ministry of Jal Shakti  
Department of Water Resources, RD & GR  
(General Administration Section)

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Shram Shakti Bhawan, Rafi Marg,  
New Delhi, Dated: 27 .07.2022

**OFFICE MEMORANDUM**

**Subject: COVID Vaccination Amrit Mahotsava Camp for employees of Department of Water Resources, RD & GR-reg.**

The undersigned is directed to refer to the subject mentioned above and to say that as part of the celebration of 75 years of India's Independence, "Azadi ka Amrit Mahotsava" is being observed across the country.

2. Under the aegis of "Azadi ka Amrit Mahotsava", 'COVID Vaccination Amrit Mahotsava' has been launched from 15<sup>th</sup> July, 2022 to 30<sup>th</sup> September, 2022 for 75 days under which free precaution doses will be administered to all adult eligible beneficiaries who have completed 6 months (or 26 weeks) after the 2<sup>nd</sup> dose at all Government Covid-19 Vaccination Centres (CVCs).

3. This Department is also making keen efforts to organize an intensive COVID Vaccination Amrit Mahotsava Camp for the employees and their family members of this Department. Accordingly, a Proforma (enclosed) has been prepared for enumerating the details of interested eligible employees in order to facilitate the vaccination team with the number of persons to be vaccinated.

4. In this regard, all interested employees of the Department of Water Resources, RD & GR (Sectt.) who are yet to be vaccinated by 2<sup>nd</sup> dose/ precaution dose may kindly provide their details including their family members as per the Proforma attached herewith positively by 05:30 PM on 02.08.2022. The said information can be provided via email to [general-mowr@nic.in](mailto:general-mowr@nic.in) in the prescribed format. The employees shall be intimated of the date and time for vaccination camp at least a day in advance.

Encl.: As above.



(Shashi Kumar)

Section Officer (General Administration)

Tel.No.:23719816

To

All the Officers and Staff of this Department.

**Details of Employees of DOWR, RD & GR and their family members  
for vaccination Camp**

1. Name of Employee:
2. Designation:
3. Name of Wing/Division:
4. Contact number of the employee:
5. Vaccination dose for (a) Self only  
(Kindly select any one): (b) Family Members only  
(c) Self and Family Members
6. Total number of persons to be vaccinated:
7. Type of dose which is to be administered  
(Kindly select any one):  
Second dose/  
Precaution dose
8. Covishield/ Covaxin  
(Kindly select any one)

Signature of the Employee