

DECLARATION FORM

My name is _____, officer(s) whose name and post is/are:

_____ came to my house address _____ on date: _____.

He/she/they forced me to take the Covid-19 vaccine. I am ready to take the Covid-19 vaccine only on his/her/their compulsion. I am a healthy person, so if in future I have any side effects from the vaccine or if I die from it, then the officers and workers who forced me to take the Covid-19 vaccine will pay Rs 5 crore compensation to my family members. The workers and officers who forced Covid-19 vaccine on me will be responsible for compensating damages I get due to vaccine injuries because according to government of India, till the date of signing this document, Covid-19 vaccine is completely voluntary and there can be no discrimination against those who do not take it.

If I am physically, mentally harassed or discriminated against in any way in future for me not getting vaccinated, then these officers will be responsible and they will be punished under section 166 and 387 of the Indian Penal Code and action would be taken for the violation of article 14 and article 21 of the Indian constitution.

My name

Officer Name

My Signature

Officer's Signature