



UNIVERSITY OF KASHMIR

HEALTH CENTRE

No.f(Covid-19 vaccination-HC)KU/21

Dated:- 20-03-2021

CIRCULAR

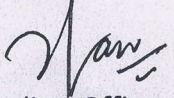
Subject: - Information on COVID-19 Vaccination Facilities.

It is for the information of all University Employees who have attained the age of 60 years on 1st January 2022 and all those employees who have attained the age of 45 years on 1st January 2022, and have any of the specified co morbidities, which have been recommended by National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) and approved by Government of India from time to time, subject to certification to that effect by a Registered Medical Practitioner are requested to register themselves either online at <http://selfregistration.comin.govt.in> or sport registration at Government recognized facilities or private established facilities for vaccination.

For any assistance contact COVID-19 Nodal Officer, Dr. Surayah Jan (9419062135).

Enclosure:-

1. List of Authorized Private Hospitals
2. Certificate Proforma of Co morbidities


Medical Officer
Health Centre

Authorised Pvt Hospital

Waseem Memorial Multi Speciality	Kupwara
Lords Hospital and Diagnostic Centre	Kulgam
Mercy Kidney Care Diabetic	Pulwama
Kidney Hospital Sonawara	Srinagar
Al Imdaad Dialysis Centre	Srinagar
Kidney Care & Diagnostic Centre	Srinagar
Well Care Dialysis Centre	Srinagar
Florence Hospital	Srinagar
Ahmad Hospital	Srinagar
Sharp Sight Centre	Srinagar
Kashmir Medico	Srinagar
Wani Nursing Home	Anantnag
Al-Noor Hospital	Anantnag
Interferon Kidney Care Diabetes	Anantnag
Ibn Sina Hospital	Budgam
Kamal Nayan Vision Centre	Jammu
Jammu City Oncology Clinic	Jammu
Sachdeva Netralaya	Jammu
Triveni Nursing Home	Jammu
K.D. Eye Clinic	Jammu
Acharya Shri Chander College of Hospital	Jammu
National Hospital	Jammu
Sudan Heart Care Centre	Jammu
Gupta Hospital & Research Centre	Kathua
North Kashmir Nursing Home	Kupwara
Shri Mata Vaishno Devi Narayana	Reasi
St. Joseph Community Hospital	Samba
Shree Aum Multispeciality Hospital	Samba
Khyber Medical Institute	Srinagar
ASG Hospital Pvt. Ltd.	Srinagar
Al Huda Renal Care and Dialysis Centre	Srinagar
Noora Hospital	Srinagar
Illahiya Dialysis Centre	Srinagar
KLSM Rotary Eye & ENT Hospital	Udhampur

**Annexure 1(B): Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority vaccination
(To be filled by a Registered Medical Practitioner)**

Name of beneficiary: _____

Age: _____

Gender: _____

Address: _____

Mobile phone number: _____

Identification document: _____

I, Dr. _____, working as _____ have reviewed the above named individual and certify that he/she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate is based is attached.

Presence of ANY ONE of the following criteria will prioritize the individual for vaccination

SN	Criterion	Yes/No
1.	Heart Failure with hospital admission in past one year	
2.	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)	
3.	Significant Left ventricular systolic dysfunction (LVEF <40%)	
4.	Moderate or Severe Valvular Heart Disease	
5.	Congenital heart disease with severe PAH or Idiopathic PAH	
6.	Coronary Artery Disease with past CABG/PTCA/MI AND Hypertension/Diabetes on treatment	
7.	Angina AND Hypertension/Diabetes on treatment	
8.	CT/MRI documented stroke AND Hypertension/Diabetes on treatment	
9.	Pulmonary artery hypertension AND Hypertension/Diabetes on treatment	
10.	Diabetes (> 10 years OR with complications) AND Hypertension on treatment	
11.	Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/On wait-list	
12.	End Stage Kidney Disease on haemodialysis/ CAPD	
13.	Current prolonged use of oral corticosteroids/ immunosuppressant medications	
14.	Decompensated cirrhosis	
15.	Severe respiratory disease with hospitalizations in last two years/FEV1 <50%	
16.	Lymphoma/ Leukaemia/ Myeloma	
17.	Diagnosis of any solid cancer on or after 1st July 2020 Or currently on any cancer therapy	
18.	Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major	
19.	Primary Immunodeficiency Diseases/ HIV infection	
20.	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness	

I am aware that providing false information is an offence.

Name of RMP: _____

Medical Council registration number of RMP: _____

Date of issuing the certificate: _____

Place of issue: _____

(Signature of RMP)