

Online RTI Request Form Details

RTI Request Details :-

RTI Request Registration number	MOHFW/R/E/21/05398
Public Authority	Department of Health & Family Welfare

Personal Details of RTI Applicant:-

Name	[REDACTED]
Gender	[REDACTED]
Address	[REDACTED]
Pincode	[REDACTED]
Country	India
State	[REDACTED]
Status	Details not provided
Educational Status	Details not provided
Phone Number	Details not provided
Mobile Number	Details not provided
Email-ID	[REDACTED]

Request Details :-

Citizenship	Indian
Is the Requester Below Poverty Line ?	No

(Description of Information sought (upto 500 characters))

Description of Information Sought	
To MOHFW	
Please provide documentation / minutes of meetings of official meetings held by various government agencies and bodies in which they discussed deleterious consequences of administering covid19 injections to people who are already suffering from the following conditions:	
Autism	
Polio	
Vaccine damaged	
High blood pressure, uncontrolled type 2 diabetes	
Morbid obesity	
Who have had organ transplants	
Cancer	
Heart ailments	
Allergies	
Other chronic conditions	
Please provide documented reasons and scientific proof for inclusion / exclusion of Indian citizens in these categories	
Concerned CPIO	saroop Singh
Supporting document <i>(only pdf upto 1 MB)</i>	Supporting document not provided

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Select Language: English

Public Authorities Available

RTI Online

Version 2.0

An Initiative of Department of Personnel & Training, Government of India

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Online RTI Status Form

Note: Fields marked with * are Mandatory.

Enter Registration Number	MOHFW/R/E/21/05398
Name	██████████
Date of filing	29/08/2021
Public Authority	Department of Health & Family Welfare
Status	REQUEST DISPOSED OF
Date of action	13/09/2021
<p>Reply :- Your RTI application has been received from RTI Cell, MoHFW/other CPIO. As far as this Office/CPIO i.e. COVID-19 Vaccine Administration Cell (CVAC)/Undersigned CPIO is concerned, the information/reply is as under:</p> <p>COVID Vaccines like other drugs are licensed after due deliberations and consideration of safety data by Drug Controller General of India (DCGI). If anyone is concerned for any specific health reason before COVID Vaccination, please consult a doctor/Health Care Provider. Vaccination for COVID-19 is voluntary. There is no provision of financial assistance/compensation for adverse event following COVID-19 Vaccine, if any. However, severe and serious Adverse Events Following Immunization (AEFI) cases may be reported to and treated at Government Hospital/facilities. You may refer COVID-19 vaccine operational guidelines (28.12.2020)</p> <p>https://www.mohfw.gov.in/covid_vaccination/vaccination/dist/images/documents/COVID19VaccineOG111Chapter16.pdf (Page no. 105 specifically for Adverse Events Following Immunization).</p> <p>Please visit MoHFW's website www.mohfw.gov.in and see FAQs on COVID-19 Vaccines and Vaccination Program (dated 01.09.2021) refer link https://www.mohfw.gov.in/pdf/FAQsCOVID19vaccinesvaccinationprogramWebsiteupload.pdf</p> <p>However, such specific information/document/Minutes of meetings in not available.</p> <p>In case, you want to go for an appeal in connection with the information provided, you may appeal to the Shri Elangbam Robert Singh, Director & First Appellate Authority, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi within 30 days from the date of receipt of this reply.</p>	
CPIO Details :-	Satyendra Singh Phone: 011-23062959 singh[dot]satyendra80[at]gov[dot]in
First Appellate Authority Details :-	Elangbam Robert Singh Phone: 23062495 robert[dot]elangbam[at]gov[dot]in
Nodal Officer Details :-	
Telephone Number	011-23061831
Email Id	r[dot]attri54[at]nic[dot]in

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