



To, [CMO/District Immunization Officer/Principal/District Magistrate]

Date: \_\_\_ / \_\_\_ / 2026

**Subject:** Mandatory compliance with informed consent and public disclosure requirements for HPV vaccination camps/drives – Submission of Informed Consent Format.

Sir / Madam,

We write on behalf of Awaken India Movement. It has come to our notice that HPV vaccination camps/drives are being conducted (or proposed to be conducted) within your jurisdiction / institution.

In the matter titled “Master Hridaan Kumar (Minor) v. Union of India & Others”, W.P.(C) 343/2019 (along with CM Nos. 1604/2019 & 1605/2019) before the Hon’ble High Court of Delhi, it has been recorded that the authorities and doctors administering vaccines are duty-bound to obtain INFORMED CONSENT from the parent/guardian and to widely advertise/publicize the contents of the vaccine and the possible adverse events/AEFIs. Non-compliance may invite proceedings, including contempt of court, apart from other legal consequences.

To facilitate strict compliance with the above, we are enclosing an Informed Consent Form for HPV Vaccination (the format itself states that it is designed as per the recommendations of AIIMS, Bhubaneswar). This informed consent must be obtained, in writing, prior to administering any HPV vaccine to a minor.

You are therefore requested to ensure that, before administering HPV vaccine to any child, the following minimum steps are strictly followed at every vaccination site:

- Provide the attached informed consent form to the parent/guardian in advance; explain it verbally in the local language understood by them; and answer any questions raised.
- Provide a printed and/or publicly displayed information notice/advertisement at the venue regarding the vaccine contents and possible adverse events/AEFIs; ensure that no pressure, coercion, or denial of services is used for refusal.
- Obtain the signature/thumb impression of the parent/guardian on the informed consent form prior to vaccination; record vaccine name, manufacturer, batch/vial number, date/time, and the name/designation of the administering officer; and provide a copy of the signed form to the parent/guardian.
- Ensure post-vaccination observation as per protocol and explain the procedure for reporting any adverse events, including reporting on the CoWIN/U-WIN app/portal and to the designated AEFI reporting officer.
- Maintain complete records for audit/inspection and for ensuring accountability of all persons responsible for the vaccination drive.

Kindly treat this communication as a formal notice. In the event any HPV vaccine is administered without the above disclosures and written informed consent, Awaken India Movement shall be constrained to pursue appropriate legal remedies against the responsible persons/officers/establishments, including proceedings for violation of court directions, at your sole risk as to costs and consequences.

We request you to acknowledge receipt of this letter and confirm, within 7 (seven) days, that necessary written instructions have been issued to all concerned teams/institutions under your control to ensure strict compliance.

Yours faithfully,

**For Awaken India Movement**

Member Name /Mobile No -

**Encl.:** Informed Consent Form for HPV Vaccination (1 set)

## INFORMED CONSENT FORM for HPV VACCINATION

Name of the Vaccine: \_\_\_\_\_ Vial number: \_\_\_\_\_ (please write NA in case vaccine is refused)

**Details of HPV vaccine recipient & parent /guardian:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of the Parent / Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Sr No. \_\_\_\_\_

Information to be given to the vaccine **recipient** /Parents

### Tick if information is given

1. Vaccination is not compulsory in order to access public and private services such as interstate travel, local trains and buses, offices, clubs, malls and shops, restaurants, schools, examination centers, religious and non-religious gatherings.
2. As per law, no particular system of medicine can be imposed upon any citizen.
3. Authorities *and* Doctors administering the *vaccines* are duty *bound* to take 'INFORMED CONSENT' from the parents and as well as advertise widely about the contents and adverse events of the vaccines. *Else, it shall be a Contempt of the Court directions* given in the case of "Master\_Hridaan\_Kumar\_Minor\_vs\_Union\_Of\_India\_And\_Others" W.P.(C) 343/2019 and CM Nos. 1604/2019 & 1605/2019, High Court of Delhi"
4. No one can ask the parents their reason for refusing consent for administering vaccines to their children. The recipient is under no pressure, either from doctors, family members, or from any authorities, to get injected with the Gardasil HPV Vaccine.
5. Following are some of the ingredients of the HPV Gardasil Vaccine and their reported side effects:

**Amorphous Aluminum Hydroxyphosphate Sulfate** — impairs cognitive and motor function, alters DNA, chromatin RNA structure, induces autoimmune interactions and macrophagic myofasciitis, blocks neuronal signaling, binds to protein, affecting protein function, inhibits antioxidant enzyme action, interferes with synaptic transmission, disrupts mitochondria and organelles in cells.

Polysorbate 80 - infertility, weakens the blood-brain barrier, anaphylactic shock and hypersensitivity reactions, affects reproductive and cardiac system.

**Sodium Borate (Borax)** - harms male reproductive system, harms fetus development, acute

toxic  
reactions.

**L-histidine** - increases blood clotting, increases permeability of blood vessels, inflammation, causes complications in cases of folic acid deficiency.

**Genetically Modified Yeast Saccharomyces Cerevisiae** — causes autoimmune diseases.

**Undisclosed HPV DNA Fragments** - unknown auto immune reactions.

6. The HPV vaccine Gardasil has been associated with many adverse effects worldwide. Compensation cases have been filed internationally, and settlements have been paid, including one of the highest settlement payouts related to vaccine injury.
7. There are cases of healthy people dying following HPV Vaccination with Gardasil Injection. In India, during the clinical trials in 2009, 7 tribal girls died following the vaccination and hundreds had severe adverse effects including infertility, menstrual disorders and cancer.
8. According to the **Vigiaccess of World Health Organisation** [www.vigiaccess.org](http://www.vigiaccess.org) over 2000 side effects under 27 categories given below have been recorded for the Gardasil Vaccine:

*Gardasil* contains the active ingredient **HPV vaccine**

There are **146064** reports with this active ingredient

## Reported potential side effects

- › Blood and lymphatic system disorders (1%, 3020 ADRs)
- › Cardiac disorders (1%, 3452 ADRs)
- › Congenital, familial and genetic disorders (0%, 422 ADRs)
- › Ear and labyrinth disorders (1%, 2621 ADRs)
- › Endocrine disorders (0%, 632 ADRs)
- › Eye disorders (2%, 6865 ADRs)
- › Gastrointestinal disorders (8%, 23660 ADRs)
- › General disorders and administration site conditions (26%, 81337 ADRs)
- › Hepatobiliary disorders (0%, 401 ADRs)
- › Immune system disorders (1%, 2986 ADRs)
- › Infections and infestations (2%, 6929 ADRs)
- › Injury, poisoning and procedural complications (7%, 22871 ADRs)
- › Investigations (5%, 16776 ADRs)
- › Metabolism and nutrition disorders (1%, 2603 ADRs)
- › Musculoskeletal and connective tissue disorders (7%, 21656 ADRs)
- › Neoplasms benign, malignant and unspecified (incl cysts and polyps) (1%, 1837 ADRs)
- › Nervous system disorders (18%, 57417 ADRs)
- › Pregnancy, puerperium and perinatal conditions (0%, 1319 ADRs)
- › Product issues (0%, 943 ADRs)
- › Psychiatric disorders (2%, 7796 ADRs)
- › Renal and urinary disorders (0%, 1561 ADRs)
- › Reproductive system and breast disorders (2%, 4869 ADRs)
- › Respiratory, thoracic and mediastinal disorders (3%, 8014 ADRs)
- › Skin and subcutaneous tissue disorders (7%, 21172 ADRs)
- › Social circumstances (1%, 2747 ADRs)
- › Surgical and medical procedures (1%, 3194 ADRs)
- › Vascular disorders (3%, 8179 ADRs)

9. Cervical cancer mortality rate in India declined by 32% without any vaccination program.
10. Most HPV infections are asymptomatic and resolve spontaneously.
11. 'Journal of the Royal Society of Medicine' reports that the vaccine efficacy lasts only up to 5 years. It means that it does not give protection after 5 years. There is lack of conclusive data regarding the length of immunologic protection that the vaccine gives against HPV subtypes.
- 12. No compensation will be provided by the government in case of death or adverse event due to "vaccination" as it is completely voluntary.**
13. The vaccine manufacturer may offer compensation in case of death or adverse event, however it may be difficult to prove that the "vaccine" caused the death or adverse event.
14. Alternative protocols under AYUSH methods are available for treatment of HPV and Cervical Cancer. These protocols follow Ayurveda, Yoga, Unani, Siddha & Homeopathy systems of medicine.
- 15. The procedure of reporting side effects** on U-WIN app/portal has been explained.

I, \_\_\_\_\_ (name and designation) am the immunization officer in charge of HPV vaccine administration. I confirm that the vaccine recipient and his / her parent / guardian was given the full information given above in detail in their local language.

Location:

Date:

Signature and Stamp of the Immunization Officer

I confirm that I am given the above information about HPV vaccination and explained in my mother tongue \_\_\_\_\_. I am aware that I have a choice to refuse to vaccinate my child.

I hereby, give my consent/ do not give my consent for giving HPV vaccine to my son/ daughter / ward. Place:

Date:  
Guardian

Signature of the Parent/

*"This Informed Consent form is designed as per the recommendations of AIIMS, Bhubaneswar.*

