



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

| | |
|------------------------------------|-------------------------------|
| Beneficiary Name / लाभार्थी का नाम | Shikha |
| Age / उम्र | 30 |
| Gender / लिंग | Female |
| ID Verified / पहचान पत्र सत्यापित | Aadhaar # XXXXXXXX1924 |
| Unique Health ID (UHID) | 56-7465-5105-7806 |
| Beneficiary Reference ID | 7109281097491 |

Vaccination Details

| | |
|--|--|
| Vaccine Name / वैक्सीन का नाम | COVISHIELD |
| Date of Dose / खुराक की तारीख | 26 Jun 2021 (Batch no. 4121Z084) |
| Next due date / अगली नियत तिथि | Between 18 Sep 2021 and 16 Oct 2021 |
| Vaccinated by / टीका लगाने वाले का नाम | PRATIBHA GENDRE |
| Vaccination at / टीकाकरण का स्थान | SSK Devpuri, Raipur, Chhattisgarh |

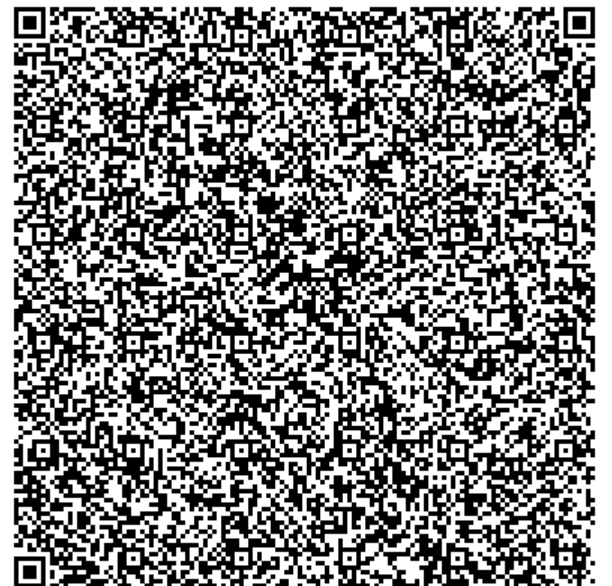


“दवाई भी और कड़ाई भी।
Together, India will defeat
COVID-19”
- प्रधानमंत्री नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण
अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

COWIN
Winning Over COVID



This is a secure QR code. For further details, please visit
<https://verify.cowin.gov.in>