



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ଲାଭାର୍ଥୀଙ୍କର ନାମ	Suryakanta Das
Age / ବୟସ	24
Gender / ଲିଙ୍ଗ	Male
ID Verified / ଆଇଡି ସତ୍ୟାପିତ ହୋଇଛି	Aadhaar # XXXXXXXX8854
Unique Health ID (UHID)	
Beneficiary Reference ID	66239779015480

Vaccination Details

Vaccine Name / ଟିକା ନାମ	COVISHIELD
Date of 1 st Dose / ପ୍ରଥମ ଡୋଜର ତାରିଖ	25 May 2021 (Batch no. 4121Z078)
Date of 2 nd Dose / ଦ୍ୱିତୀୟ ଡୋଜର ତାରିଖ	06 Sep 2021 (Batch no. 4121mc052)
Vaccinated by / ଟିକା ଦେଉଥିବା ବ୍ୟକ୍ତିଙ୍କ ନାମ	SUBHADRA SAHU
Vaccination at / ଟିକାକରଣ ସ୍ଥାନ	EX-BOARD SCHOOL (18-44 YR), Nabarangpur, Odisha



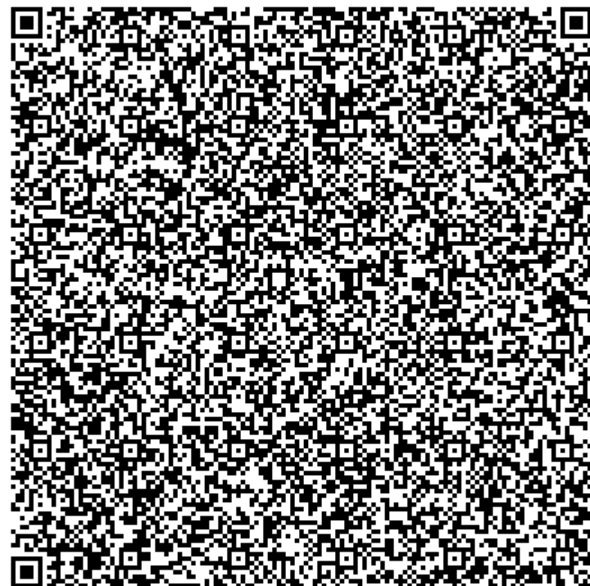
“ଐଶ୍ଵର୍ୟ ନ୍ୟ ଏବଂ କଠୋରତା ନ୍ୟ
Together, India will defeat
COVID-19”

- ପ୍ରଧାନମନ୍ତ୍ରୀ ନରେନ୍ଦ୍ର ମୋଦି

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

କୌଣସି ପ୍ରକାର ପ୍ରତିକୂଳ ଘଟଣା ଘଟିଲେ ଦୟାକରି ନିକଟସ୍ଥ ଜନସ୍ଵାସ୍ଥ୍ୟ କେନ୍ଦ୍ର / ସ୍ଵାସ୍ଥ୍ୟସେବା କର୍ମୀ / ଜିଲ୍ଲା
ଟିକାକରଣ ଅଫିସର / ରାଜ୍ୟ ହେଲ୍ପଲାଇନ ନମ୍ବର 1075 ସହିତ ଯୋଗାଯୋଗ କରନ୍ତୁ

COWIN
Winning Over COVID



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>