



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Laxmikant Pandey

Age / उम्र

28

Gender / लिंग

Male

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX9759

Unique Health ID (UHID)

Beneficiary Reference ID

71512480225270

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVISHIELD

Date of Dose / खुराक की तारीख

23 May 2021 (Batch no. 4121Z073)

Next due date / अगली नियत तिथि

Between 15 Aug 2021 and 12 Sep 2021

Vaccinated by / टीका लगाने वाले का नाम

Archna Choudhri

Vaccination at / टीकाकरण का स्थान

Govt Girl H S School Itarsi 18,

Hoshangabad, Madhya Pradesh



“दवाई भी और कड़ाई भी।

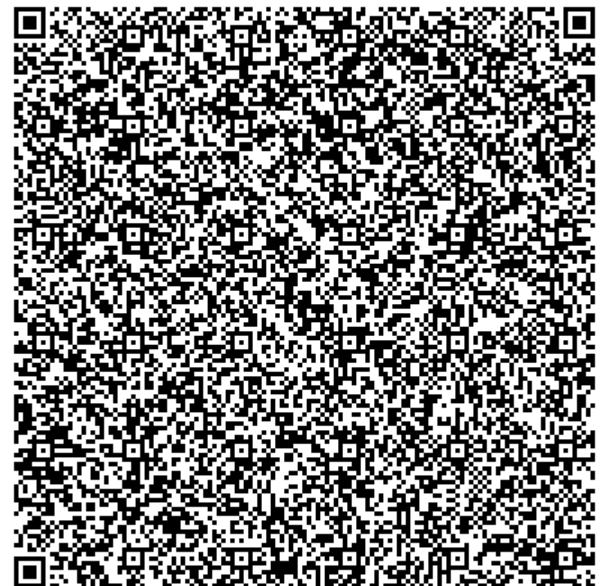
Together, India will defeat
COVID-19”

- 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



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