

## Ministry of Health & Family Welfare Government of India

## **Certificate for COVID-19 Vaccination**

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 19905837834

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## **Beneficiary Details**

Beneficiary Name / लाभार्थीचे नाव Saurabh Anil Tangadkar

Age / वय

Gender / लिंग **Male** 

ID Verified / ओळखपत्र Aadhaar # XXXXXXXXCard

Unique Health ID (UHID) **38-1751-3282-1303** 

Beneficiary Reference ID 21391729801006

Vaccination Status / लसीकरण स्थिती Fully Vaccinated (2 Doses)

## **Vaccination Details**

Vaccine Name / लसीचे नाव COVISHIELD

Vaccine Type / लस प्रकार COVID-19 vaccine, non-replicating viral vector

Manufacturer / उत्पादक Serum Institute of India

Dose Number / डोस क्रमांक 1/2 2/2

Date of Dose / डोसची तारीख **2021-03-10 2021-06-10** 

Batch Number / बॅच क्रमांक **4120Z012 4121Z079** 

Vaccinated By / यांच्याद्वारे लसीकरण Prajakta Nirpase

Vaccination At / लसीकरणाचे स्थळ **Bota PHC, Ahmednagar, Maharashtra** 



औषध सुद्धा आणि शिस्त सुद्धा Together, India will defeat COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.





