

COVID - 19 VACCINATION SLIP

1) NAME OF BENEFICIARY -

Sunajit Duary

2) MOBILE NO. OF BENEFICIARY -

8918437223

3) VACCINATION SITE -

SUBHAS BASU BHAWAN, WARD NO-17

4) VACCINE RECEIVED (PLEASE TICK) - COVISHIELD COVAXIN

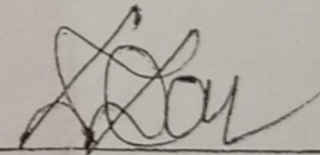
5) DATE OF 1ST DOSE -

29/07/2021

6) DATE OF 2ND DOSE - DUE ON

After 84 days

GIVEN ON _____



Signature of Authorized Person