



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Deepak Kumar Sahu
Age / उम्र	40
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX8339
Unique Health ID (UHID)	13-3387-4631-2189
Beneficiary Reference ID	7109386437241

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Date of 1 st Dose / पहली खुराक की तारीख	08 Jul 2021 (Batch no. 4121Z120)
Date of 2 nd Dose / दूसरी खुराक की तारीख	11 Oct 2021 (Batch no. 4121MC100)
Vaccinated by / टीका लगाने वाले का नाम	UMA Sahu
Vaccination at / टीकाकरण का स्थान	Patidar Dharmshala Fafadih RPR, Raipur, Chhattisgarh



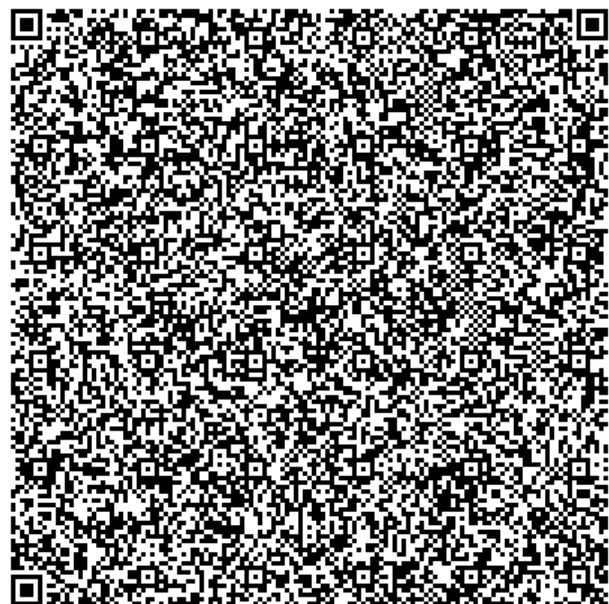
“दवाई भी और कड़ाई भी।
Together, India will defeat
COVID-19”

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