



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ଲାଭାର୍ଥୀଙ୍କର ନାମ	Guru Prasad Baral
Age / ବୟସ	29
Gender / ଲିଙ୍ଗ	Male
ID Verified / ଆଇଡି ସତ୍ୟାପିତ ହୋଇଛି	PAN Card # CGFPB9334K
Unique Health ID (UHID)	
Beneficiary Reference ID	26446709254228

Vaccination Details

Vaccine Name / ଟିକା ନାମ	COVISHIELD
Date of 1 st Dose / ପ୍ରଥମ ଡୋଜର ତାରିଖ	27 Jul 2021 (Batch no. 4121MF015)
Date of 2 nd Dose / ଦ୍ୱିତୀୟ ଡୋଜର ତାରିଖ	25 Oct 2021 (Batch no. 4121MF015)
Vaccinated by / ଟିକା ଦେଉଥିବା ବ୍ୟକ୍ତିଙ୍କ ନାମ	MAMATA DAS
Vaccination at / ଟିକାକରଣ ସ୍ଥାନ	BHINGARPUR HOSPITAL CVC, Khurda, Odisha



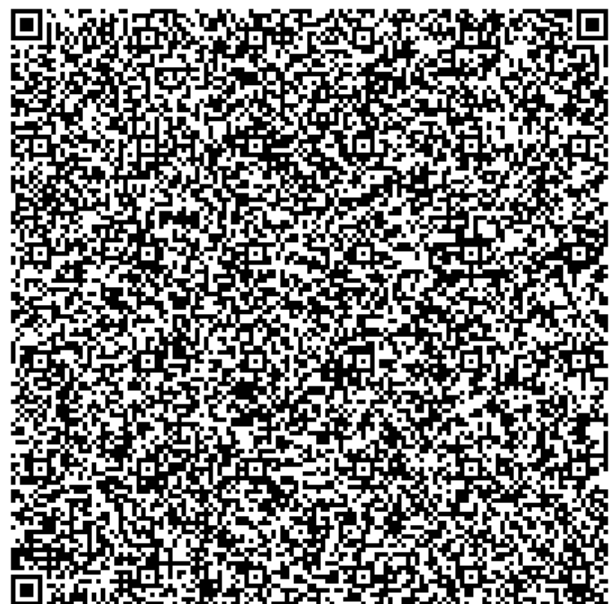
“ଐଶ୍ଵ୍ୟ ମଧ୍ୟ ଏବଂ କଠୋରତା ମଧ୍ୟ
Together, India will defeat
COVID-19”

- 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>