



GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT/
MEDICAL SERVICES DEPARTMENT
ZONE - 12

COVID-19 Vaccination Card

Name: Nayendran Sankaran Age: 31 Gender: M Mob: 9003757221

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
1st Dose	<u>Covishield/ Covaxin</u>	<u>12/9</u>	<u>12/12/21 12/12/21</u>	<u>[Signature]</u>	<u>P. Ret. Ee</u>
2nd Dose	<u>Shield</u>		<u>11/12/21</u>		
Reactions if any:-					

1990

6494 8822 1278



GREATER CHENNAI CORPORATION
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ZONE - 12

COVID-19 Vaccination Card

Name: Akish Raffine Age : 23 Gender : F Mob: 9003757221

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
1st Dose	Covishield Covaxin	12/9	12/12/21	SL	P. Pel. EXC
2nd Dose	Shield		11/12/21		
Reactions if any:-					

1998

8271 4450 9947.