



GREATER CHENNAI CORPORATION PUBLIC HEALTH DEPARTMENT

ZONE - COVID-19 Vaccination Card

Name: *Sutegh/Lishu* Age : *25* Gender : *M* Mob: *9087675732*

Sl. No.	Vaccine type Covishield/ Covaxin	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
1st Dose	<i>Covishield</i>	<i>25/3/21</i>			<i>Pupud</i>
2nd Dose	<i>Covishield</i>	<i>13/7/21</i>		<i>[Signature]</i>	<i>UPH</i>
Reactions if any:-					

13 JUL 2021