

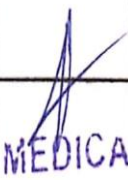


GREATER CHENNAI CORPORATION  
PUBLIC HEALTH DEPARTMENT/  
MEDICAL SERVICES DEPARTMENT

ZONE - 2

COVID-19 Vaccination Card

Name: Jebokumar Age: 35 Gender: M Mob: 9092751583

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	Covishield	20/8/21			
2nd Dose	Covishield	26/12/21	2nd dose given		MEDICAL OFFICER MANALI NEW TOWN UPHC Zone-II
Reactions if any:-					

GREATER CHENNAI CORPORATION

