



**GREATER CHENNAI CORPORATION  
PUBLIC HEALTH DEPARTMENT/  
MEDICAL SERVICES DEPARTMENT  
ZONE -  
COVID-19 Vaccination Card**

Name: Pandiyar Gopal Age: 48 Gender: m Mob: 9344078055

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
	<u>Covishield/ Covaxin</u>				
1st Dose	<u>Covishield</u>	<u>25/11/24</u>	<u>24 day</u>	<u>DR. V. S. S. S.</u>	<b>MEDICAL OFFICER PUDUPET UPHC GREATER CHENNAI CORPORATION</b>
2nd Dose					
Reactions if any:-					