





MINISTRY O F HEALTH AND FAMILY WELFARE GOVERNMENT OF INDIA

DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE CUDDALORE DISTRICT

PROVISIONAL CERTIFICATE FOR COVISHIELD VACCINATION

Beneficiary Details	
Beneficiary Name	SEKAR
Age	46/male 13.05-1975
Gender	Male
ID Verified	Andhan - 8901 3958 9876
Residing at	Cuddalore District, Tamilnadu
Vaccine Name	COVISHIELD
Date of 1st Dose	04.03.2021
Next Due Date	After 28 days (Date: 02.04-थ।
Vaccinated by	kiruba (Shi)
Vaccination at	GPHC - Killai, Parangipettai Block, Cuddalore DT, Tamilnadu

Signature and seal of Medical officer

மருத்துவ அலுவலர் அந்க ஆரம்ப சுகாதார நிலையம் கீள்ளை