




MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE
CUDDALORE DISTRICT

PROVISIONAL CERTIFICATE FOR COVID SHIELD / COVAXIN

VACCINATION

Beneficiary Details	
Beneficiary Name	Rajalakshmi
Age	34
Gender	Female
ID Verified	Aadhar 2D
Residing at	Cuddalore District, Tamilnadu
Vaccine Name	COVISHIELD
Date of 1 st Dose	01/04/2021 / 2 nd dose completed on
Next Due Date	After 28 days (Date: 14/05/2021)
Vaccinated by	S/N Rajalakshmi
Vaccination at	GPHC - Parangipettai Block, Cuddalore DT, Tamilnadu


Medical Officer,
Govt. Primary Health Centre,
CUDALORE DISTRICT
Signature and seal of Medical officer