



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Certificate ID 51345413404

Beneficiary Name / பலனாளியின் பெயர் S Thamaral Selvi
Age / வயது 35
Gender / பாலினம் Female
ID Verified / அடையாளச் சான்று Aadhaar # XXXXXXXX6300
Unique Health ID (UHID) 31551929315635
Beneficiary Reference ID
Vaccination Status / தடுப்பூசிநிலை Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / COVISHIELD
Vaccine Type / COVID-19 vaccine, non-replicating viral vector
Manufacturer / Serum Institute of India
Dose Number / 1/2 2/2
Date of Dose / 03 Jul 2021 26 Sep 2021
Batch Number / 4121Z117 4121P217
Vaccinated By / ASHIK
Vaccination At / Chockampatti WP CVC, Tenkasi, Tamil Nadu

