




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

Name: Mani Bandan Age : 36 Gender : M Mob: 9498161140

Sl. No.	Vaccine type	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
	Covishield/ Covaxin				
1st Dose	<u>30.10.21</u>				
2nd Dose	<u>Covaxin</u>	<u>12.01.22</u>	<u>Completed</u>		MEDICAL OFFICER CHENNAI CORPORATION
Reactions if any:-					