GREATER CHENNAI CORPORATION PUBLIC HEALTH DEPARTMENT/ MEDICAL SERVICES DEPARTMENT ZONE - 12 COVID-19 Vaccination Card

SI. No.	Vaccine type Covishield/	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facility
2nd Dose	1	16/4/2	onpleter		lur, Zone-12 ii Corporatio