COIMBATORE GOVT. MEDICAL COLLEGE HOSPITAL, COIMBATORE
COVID 19 VACCINATION REGISTRATION

Date: Pavithra S.No. _____

Name: _____ Sex: 26/F

DOB: 1.1.2023 / 1996.

Mobile number: 9 8 4 3 1 1 0 7 4 1

Aadhaar number: 5 3 3 3 6 8 7 6 7 4 6 8

Pan Card/Voter ID/Driving license/

Passport/NPR smart card/Pension passbook _____

Covaxin ☑ Date of First dose : 1.1.2023

Covishield ☐ Date of Second dose : _____