

Ministry of Health & Family Welfare Government of India

Provisional Certificate for COVID-19 Vaccination (1 st Dose)

Beneficiary Details

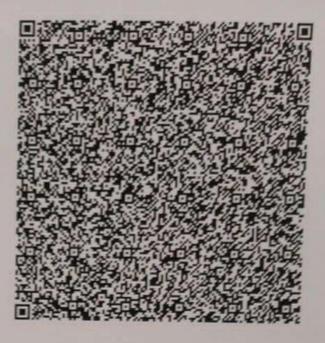
Beneficiary Name / सामार्थी का नाम Kadar Maideen Abdul

Age / 3%

Gender / filit Male

Beneficiary Reference ID 31560635600223

Residing at / पता Tiruchirappalli Tamil Nadu



Vaccination Details

Vaccine Name / वैक्सीन का नाम COVISHIELD

Date of Dose / खुराक की तारीख 17 Mar 2021 (Batch no. 4121Z001)

Next Due Date / अगली नियत तिथि after 28 days

Vaccinated by / टीका लगाने वाले का नाम Lillymary

Vaccination at / टीकाकरण का स्थान Valanadu Upgraded PHC, Tiruchirappalli Tamil Nadu

" दवाई भी और कड़ाई भी।

Together, India will defeat COVID-19 "

- Prime Minister



In case of any adverse events, kindly contact the nearest Public Health Centent-leasthcare Worker/District Immunization
Officer/State Helpline No. 1075

टैमारन प्रचात किसी प्रतिकृत घटन के होने या नजरीकी सतस्य केंद्रनदास्य कर्मी जिस्स टैमारनम अधिकारी/राज्य देख साइन 1075 पर