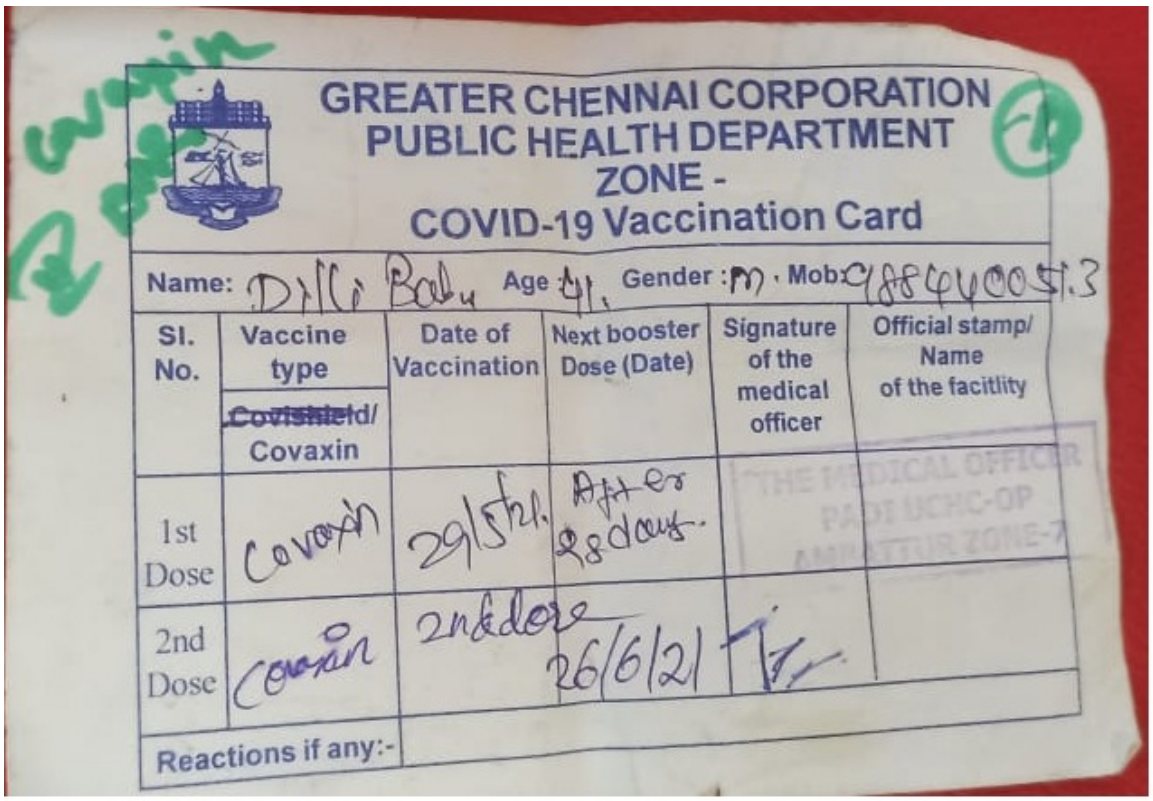

GREATER CHENNAI CORPORATION
PUBLIC HEALTH DEPARTMENT
ZONE -
COVID-19 Vaccination Card

Name: Dilli Babu Age 41, Gender : M · Mob: 9884400513

Sl. No.	Vaccine type (~~Covishield~~/ Covaxin)	Date of Vaccination	Next booster Dose (Date)	Signature of the medical officer	Official stamp/ Name of the facitlity
1st Dose	Covaxin	29/5/21	After 28 days.		THE MEDICAL OFFICER PADI UCHC-OP AMBATTUR ZONE-7
2nd Dose	Covaxin	2nd dose 26/6/21			
Reactions if any:-					