

## Provisional Certificate for COVID-19 Vaccination - 1st Dose

## **Beneficiary Details** Beneficiary Name Age Gender **ID** Verified Unique Health ID (UHID) Beneficiary Reference ID **Vaccination Details** Vaccine Name Date of Dose Next due date Vaccinated by Vaccination at Together, India will defeat COVID-19"

- Prime Minister

In case of any adverse events, kindly contact the nearest Public Health Center/ Healthcare Worker/District Immunization Officer/State **Helpline No. 1075** 



