



Ministry of Health & Family Welfare  
Government of India

## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थीचें नांव

Age / पिराय

Gender / लिंग

ID Verified / तपाशिल्ली आयडी

Unique Health ID (UHID)

Beneficiary Reference ID

### Vaccination Details

Vaccine Name / वासीनाचें नांव

Date of Dose / डोसाची तारीश

Next due date / फुडली देय तारीख

Vaccinated by / वासीन केलां

Vaccination at / वासीन दिल्लो नामो



“वखद बी आणि शिस्त बी

Together, India will defeat  
COVID-19”

- प्रधान मंत्री

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

खंयचोय प्रतिकूल परिणाम जाणवलो जाल्यार, उपकार करून लागसरच्या भौशीक भलायकी केंद्र/ भलायकी  
जतनाय कर्मचारी/ डिस्ट्रिक्ट इम्युनायझेशन ऑफीसर/राज्य हॅल्पलायन क्र. १०७५ / चेर संपर्क करचो

**COWIN**  
Winning Over COVID



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