

## **Final Certificate for COVID-19 Vaccination**

## **Beneficiary Details**

Beneficiary Name / लाभार्थी-नाम

Age / आयु:

Gender / लिंगम्

ID Verified / परिचयपत्रस्य संपूष्टि

Unique Health ID (UHID)

Beneficiary Reference ID

## **Vaccination Details**

Vaccine Name / रोगविनाशकस्य नाम

Date of 1<sup>st</sup> Dose / प्रथम: खोरक:

Date of 2<sup>nd</sup> Dose / द्वितीय: खोरक:

Vaccinated by / टीकाकारस्य नाम

Vaccination at / टीकाकरणस्य स्थानम्

## औषध्या सह अनुशासनम् अपि आवश्यकम् अस्ति।

Together, India will defeat COVID-19"

- प्रधानमंत्री

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

टीकाकरणस्य पश्चात् कश्चित् प्रतिकूल परिणामे समीपवर्ती स्वास्थ्यकेंद्रे संपर्कं कुरु। Worker/District Immunization Officer/State Helpline No. 1075



