



Ministry of Health & Family Welfare  
Government of India

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

### Beneficiary Details

Beneficiary Name / लाभार्थी-नाम

Age / आयु:

Gender / लिंगम्

ID Verified / परिचयपत्रस्य संपुष्टि

Unique Health ID (UHID)

Beneficiary Reference ID

### Vaccination Details

Vaccine Name / रोगविनाशकस्य नाम

Date of Dose / खुराकस्य तिथि

Next due date / अग्रिम-तिथि

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 संपर्क कुरु।  
Worker/District Immunization Officer/State Helpline No. 1075

**COWIN**  
Winning Over COVID



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