



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीके नाम

Age / आयु

Gender / लिंग

ID Verified / आईडी वेरिफाईड

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Details

Vaccine Name / वैक्सीन नाम

Date of Dose / खुराकके तिथि

Next due date / अगिला देय तिथि

Vaccinated by / द्वारा टीका लगायल गेल

Vaccination at / टीकाकरण भेल



“औषधि आ अनुशासनके संगे

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

कोनो प्रतिकूल घटनाके विषयमे, कृपया नजदीकी जन स्वास्थ्य केंद्र / स्वास्थ्य सेवा कार्यकर्ता / जिला संपर्क
करु टीकाकरण अधिकारी / राज्य हेल्पलाइन नंबर 1075

COWIN
Winning Over COVID



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