



Ministry of Health & Family Welfare  
Government of India

*Final Certificate for  
COVID-19 Vaccination*

Details of Beneficiary

Name / नाम

Age / उम्र

Gender / लिंग

ID Verified / आई.डी. का प्रकार

UHID / Beneficiary ID

Resident of / पता

Details of Doses Received

Vaccine / टीका

Date of dose / खुराक की तारीख

Vaccinated by / टीकाकर्मी

Vaccination at / टीकाकरण का स्थान