



مملكة البحرين
KINGDOM OF BAHRAIN



نتيجة فحص فيروس الكورونا (COVID-19)
Coronavirus (COVID-19) Laboratory Test Result

Name	ABHIMANYU SUNIL	الاسم
Passport Number	T9599903	رقم جواز السفر
Date of Birth	02-10-2008	تاريخ الميلاد
Gender	MALE	الجنس
Nationality	INDIAN	الجنسية
Test Location / Facility	AL HILAL HOSPITAL	مركز الفحص
Sample Date and Time	11-03-2022 10:21:00	تاريخ ووقت العينة
Validation Date and Time	11-03-2022 18:20:18	تاريخ ووقت التصديق

Test	الفحص	Result	النتيجة
SARS-CoV2-RT-PCR Test Sample Type: Nasopharyngeal swab		غير مصاب Negative (Not Infected)	

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نتيجة فحص فيروس الكورونا (COVID-19)
Coronavirus (COVID-19) Laboratory Test Result

Name	AKSHARA ANIL	الاسم
Passport Number	T9603177	رقم جواز السفر
Date of Birth	10-07-2012	تاريخ الميلاد
Gender	FEMALE	الجنس
Nationality	INDIAN	الجنسية
Test Location / Facility	AL HILAL HOSPITAL	مركز الفحص
Sample Date and Time	11-03-2022 10:22:00	تاريخ ووقت العينة
Validation Date and Time	11-03-2022 18:20:05	تاريخ ووقت التصديق

Test	الفحص	Result	النتيجة
SARS-CoV2-RT-PCR Test Sample Type: Nasopharyngeal swab		غير مصاب Negative (Not Infected)	

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نتيجة فحص فيروس الكورونا (COVID-19)
Coronavirus (COVID-19) Laboratory Test Result

Name	ANUGRAHA SUNIL	الاسم
Passport Number	T9600840	رقم جواز السفر
Date of Birth	29-09-2011	تاريخ الميلاد
Gender	FEMALE	الجنس
Nationality	INDIAN	الجنسية
Test Location / Facility	AL HILAL HOSPITAL	مركز الفحص
Sample Date and Time	11-03-2022 10:22:00	تاريخ ووقت العينة
Validation Date and Time	11-03-2022 18:19:10	تاريخ ووقت التصديق

Test	الفحص	Result	النتيجة
SARS-CoV2-RT-PCR Test Sample Type: Nasopharyngeal swab		غير مصاب Negative (Not Infected)	

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Ministry of Health & Family Welfare
Government of India

Covid-19 Vaccination Certificate

Issued in India by Ministry of Health & Family Welfare, Govt of India

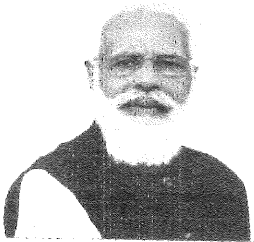
Certificate ID 56739514918

Beneficiary Details

Beneficiary Name	Divya Arjunan
Date of Birth (YYYY-MM-DD)	1989-05-15
Gender	Female
Passport Number	S2901482
Vaccination Status (# of doses)	Fully Vaccinated (2 Doses)
Beneficiary Reference ID	55873447906360

Vaccination Details

Vaccine Name	COVISHIELD	
Vaccine Type	COVID-19 vaccine, non-replicating viral vector	
Manufacturer	Serum Institute of India Pvt. Ltd.	
Dose #	1st	2nd
Date of Dose (YYYY-MM-DD)	2021-08-25	2021-11-18
Dose Batch #	4121MC064	4121MF021



"Together, India will defeat
COVID-19"

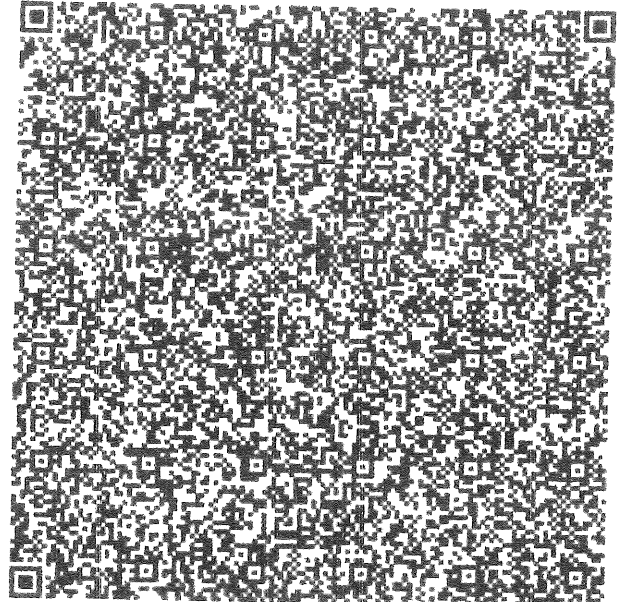
- Prime Minister Narendra Modi

In case of any adverse events, kindly contact the nearest health centre

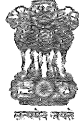
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Ministry of Health & Family Welfare
Government of India

Covid-19 Vaccination Certificate

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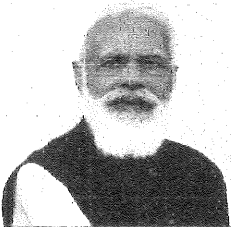
Certificate ID 24144725794

Beneficiary Details

Beneficiary Name	Sandhya C
Date of Birth (YYYY-MM-DD)	1981-05-24
Gender	Female
Passport Number	T8898426
Vaccination Status (# of doses)	Fully Vaccinated (2 Doses)
Beneficiary Reference ID	84918757430120

Vaccination Details

Vaccine Name	COVISHIELD	
Vaccine Type	COVID-19 vaccine, non-replicating viral vector	
Manufacturer	Serum Institute of India Pvt. Ltd.	
Dose #	1st	2nd
Date of Dose (YYYY-MM-DD)	2021-08-25	2021-11-18
Dose Batch #	4121MC064	4121MF021



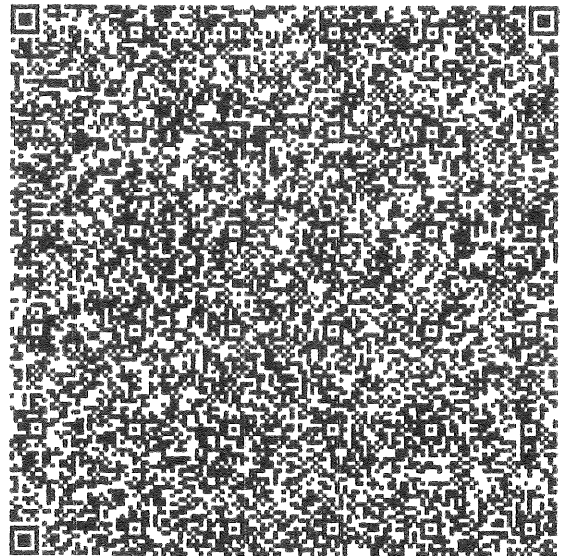
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