

VACCINATION CERTIFICATE

This is to certify that:

Child Information:

Name: mittal

Date of Birth: 5/2/2010

Gender: female

Vaccination Details:

Vaccine: ree

Description: erf

Date Administered: 12/10/2025

Time: 3:04:00 PM

Administered By:

Doctor: Docter1

Hospital: Apollo

Address: NIE MEN'S HOSTEL, Ashokapuram,



Scan QR code to verify this certificate

This certificate is issued by Digivax Digital Vaccination Management System

Certificate ID: 690f56c04a8ba7e18165689

Issued on: 11/12/2025