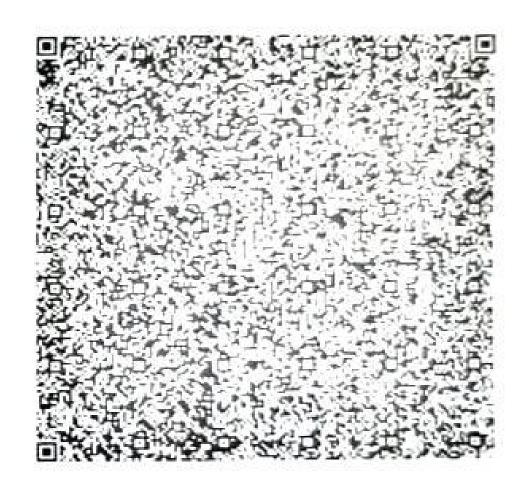


Ministry of Health - Sri Lanka Certificate of COVID-19 Vaccination

- 1. Beneficiary Name / පුතිලාභියාගේ තම / நலன் பெறுநர் பெயர் Ali Uthuma Lebbe Umar
- 2. Residential Address / පදිංචි ලිපිනය / வதிவிட முகவரி 479, Ex - Chairman Road, Oddamavadi -02
- 3. Gender / ස්තුී පුරුෂ භාවය / பாலினம் Male
- 4. Date of Birth / උපන් දිනය / **பிறந்த தேதி** 09-Jul-1962
- 5. Verified Identity Number / අනනානාවය / එළා ලාග ගණ NIC: 621910906V / Passport: N9204068



6. Vaccination Details / එන්නත් කිරීමෙ විස්තර / தடுப்பூசி விபரங்கள்

1. Date	Vaccine Doses		
	09-Jul-2021	09-Aug-2021	14-Dec-2021
2. Vaccine Product	SINOPHARM BIBP- CorV	SINOPHARM BIBP-CorV	PFIZER
3. Batch Number	SINOPHARM (VERO CELL) - 202106B1150	SINOPHARM (VERO CELL) - 202107B1702	PFIZER - FK9412

- 7. Vaccination Status / එන්නත් කිරීමෙ තත්වය / தடுப்பூசி நிலை 3 doses given
- 8. Date of Issue / නිකුත් කරන දිනය / வழங்கப்பட்ட නියනි 14-Dec-2021



Secretary of Health

Verification Portal https://cert.covid19.gov.lk

