



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Partially Vaccinated :

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Age / वय

Gender / लिंग

ID Verified / ओळखपत्र

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Details

Vaccine Name / लसीचे नाव

Date of 1st Dose / पहिल्या डोसची तारीख

Next due date / पुढील देय तारीख

Vaccinated by / यांच्याद्वारे लसीकरण

Vaccination at / लसीकरणाचे स्थळ



औषध सुद्धा आणि शिस्त सुद्धा

Together, India will defeat
COVID-19”

- पंतप्रधान

In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State **Helpline No. 1075**

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

COWIN
Winning Over COVID



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>