

## **Certificate for COVID-19 Vaccination**

Partially Vaccinated:

## **Beneficiary Details**

Beneficiary Name / लाभार्थीचें नांव

Age / पिराय

Gender / लिंग

ID Verified / तपाशिल्ली आयडी

Unique Health ID (UHID)

Beneficiary Reference ID

## **Vaccination Details**

Vaccine Name / वासीनाचें नांव

Date of 1st Dose / पहली डोसाची तारीश

Next due date / फुडली देय तारीख

Vaccinated by / वासीन केलां

Vaccination at / वासीन दिल्लो नामो



"वखद बी आणि शिस्त बी Together, India will defeat COVID-19"

- प्रधान मंत्री नरेंद्र मोदी

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

खंयचोय प्रतिकूल परिणाम जाणवलो जाल्यार, उपकार करून लागसरच्या भौशीक भलायकी केंद्र/ भलायकी जतनाय कर्मचारी/ डिस्ट्रिक्ट इम्युनायझेशन ऑफीसर/राज्य हॅल्पलायन क्र. १०७५ / चेर संपर्क करचो



