

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

Fully Vaccinated:

## **Beneficiary Details**

Beneficiary Name

Age

Gender

**ID** Verified

Unique Health ID (UHID)

Beneficiary Reference ID

### **Vaccination Details**

Vaccine Name

Date of 1st Dose

Date of 2<sup>nd</sup> Dose

Vaccinated by

Vaccination at

#### + |

# Together, India will defeat COVID-19"

- Prime Minister

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



