

# **Certificate for COVID-19 Vaccination**

## Partially Vaccinated:

### **Beneficiary Details**

Beneficiary Name / दान मोनग्रानि मुं

Age / बैसो

Gender / आथोन

ID Verified / आइ डि रोखा खालानाय

Unique Health ID (UHID)

Beneficiary Reference ID

#### **Vaccination Details**

Vaccine Name / टिकानि मुं

Date of  $1^{st}$  Dose / 1थि मुलि फालिनी खालार

Next due date / टिका लाबावनांगौनि खालार

Vaccinated by / टिका होग्रा

Vaccination at / टिका होनायनि थं

"मुलिबो गोख्रों नियमबो

Together, India will defeat COVID-19"

- गाहाय मन्थ्रि

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

जायखि जाया गाज्रि थासारि सोमजियोब्ला, अन्नानै खाथिनि देहा फाहामसालि/देहा बिफानारि/ जिल्ला टिकाहोग्रा बिबानगिरिजों सुलाद ला/राय्जो हेल्पलाइन नं. 1075आव फन खालाम



