



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Partially Vaccinated :

Beneficiary Details

Beneficiary Name / लाभार्थी-नाम

Age / आयु:

Gender / लिंगम्

ID Verified / परिचयपत्रस्य संपुष्टि

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Details

Vaccine Name / रोगविनाशकस्य नाम

Date of 1st Dose / प्रथमः खोरकः

Next due date / अग्रिम-तिथि

Vaccinated by / टीकाकारस्य नाम

Vaccination at / टीकाकरणस्य स्थानम्



औषध्या सह अनुशासनम् अपि
आवश्यकम् अस्ति।

Together, India will defeat
COVID-19”

- प्रधानमंत्री नरेंद्र मोदी

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

टीकाकरणस्य पश्चात् कश्चित् प्रतिकूल परिणामे समीपवर्ती स्वास्थ्यकेंद्रे संपर्क कुरु।
Worker/District Immunization Officer/State Helpline No. 1075

COWIN
Winning Over COVID



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