



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Partially Vaccinated :

Beneficiary Details

Beneficiary Name / लाभार्थीके नाम

Age / आयु

Gender / लिंग

ID Verified / आईडी वेरिफाइड

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Details

Vaccine Name / वैक्सीन नाम

Date of 1st Dose / पहिले खुराक के तिथि

Next due date / अगिला देय तिथि

Vaccinated by / द्वारा टीका लगायल गेल

Vaccination at / टीकाकरण भेल



“औषधि आ अनुशासनके संगे

Together, India will defeat
COVID-19”

- प्रधानमंत्री

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

कोनो प्रतिकूल घटनाके विषयमे, कृपया नजदीकी जन स्वास्थ्य केंद्र / स्वास्थ्य सेवा कार्यकर्ता / जिला संपर्क
करु टीकाकरण अधिकारी / राज्य हेल्पलाइन नंबर 1075

COWIN
Winning Over COVID



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