

Certificate for COVID-19 Vaccination

Fully 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

Date of 2nd Dose / दूसरी डोसाची तारीश

Vaccinated by / वासीन केलां

Vaccination at / वासीन दिल्लो नामो

+

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

- प्रधान मंत्री

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





