Certificate for COVID-19 Vaccination

Fully 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 / प्रथम: खोरक:

Date of 2nd Dose / द्वितीय: खोरक:

Vaccinated by / टीकाकारस्य नाम

Vaccination at / टीकाकरणस्य स्थानम्

औषध्या सह अनुशासनम् अपि आवश्यकम् अस्ति।
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**

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

C+WIN
Winning Over COVID