

## Ministry of Health & Family Welfare Government of India

## **Certificate for COVID-19 Vaccination**

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 34070123075

## **Beneficiary Details**

Beneficiary Name / लाभार्थींचे नाव Sarika Khore

Age / वय **41** 

Gender / लिंग Female

ID Verified / ओळखपत्र Aadhaar # XXXXXXXX1637

Unique Health ID (UHID)

Beneficiary Reference ID 21363846527630

Vaccination Status / लसीकरण स्थिती Partially Vaccinated (1 Dose)

## **Vaccination Details**

Vaccine Name / लसीचे नाव COVISHIELD

Vaccine Type / लस प्रकार COVID-19 vaccine, non-replicating viral vector

1/2

Manufacturer / उत्पादक Serum Institute of India Pvt. Ltd.

Dose Number / डोस क्रमांक

Date of Dose / डोसची तारीख **2021-12-20** 

Batch Number / बॅच क्रमांक 4121MC123

Next Due Date / पुढील देय तारीख Between 14 Mar 2022 and 11 Apr 2022

Vaccinated By / यांच्याद्वारे लसीकरण **Aruna Vishanu Jiman** 

Vaccination At / लसीकरणाचे स्थळ RurG/BMT/PHC MORGAON/SC KALOLI, Pune,

Maharashtra



औषध सुद्धा आणि शिस्त सुद्धा Together, India will defeat COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.





