



Department of Medical Health & Family Welfare
Government of Uttar Pradesh

IMMUNIZATION CERTIFICATE

For Child

Balrampur Hospital, Lucknow

Certificate No:

Issuance Date:

This is to certify that (Infant/Child Name) **TETTETE** Son/Daughter of Shri **ATUL TRIPATHI** have undergone below vaccination:

Sl.No.	Vaccine	Status	Date
1	BCG	YES	06/09/2024
2	OPV 0	NO	NA
3	Help-B 1	NO	NA
4	DTwP1	NO	NA
5	IPV 1	NO	NA
6	Hep-B2	NO	NA
7	Hib 1	NO	NA
8	Rotavirus 1	NO	NA
9	PCV 1	NO	NA
10	DTwP 2	NO	NA
11	IPV 2	NO	NA
12	Hib 2	NO	NA
13	Rotavirus 2	NO	NA
14	PCV 2	NO	NA
15	DTwP 3	NO	NA
16	IPV 3	NO	NA
17	Hib 3	NO	NA
18	Rotavirus 3	NO	NA
19	PCV 3	NO	NA
20	Measles	NO	NA
21	Rubella	NO	NA

Place: Lucknow
Date: {certificateGeneratedDate}
Name of Applicant: {fullName}

Signature along with official seal
Chief Medical Superintendent
Balrampur Hospital
Lucknow