



Application No.:IMC0000043

Department of Medical Health & Family Welfare
Government of Uttar Pradesh

IMMUNIZATION CERTIFICATE

For Adult

Balrampur Hospital,Lucknow

Certificate No.:CIMC2400017

Issuance Date:06/09/2024

This is to certify that Shri/Smt. /Ms. /Mr. ATUL TRIPATHI Son/Daughter of Shri ATUL TRIPATHI have undergone below vaccination:

Sl.No.	Immunization Name	Check	Date of Immunization
1	Cholera (oral)	Yes	06/09/2024

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

Signature along with official seal
Chief Medical Superintendent
Balrampur Hospital
Lucknow