



Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Komal Amrish Soni

Age / वय

45

Gender / लिंग

Female

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXXX3255

Unique Health ID (UHID)

Beneficiary Reference ID

21397573182308

Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of Dose / डोसची तारीख

02 Jul 2021 (Batch no. 4121MC019)

Vaccinated by / यांच्याद्वारे लसीकरण

Ahwini paralkar

Vaccination at / लसीकरणाचे स्थळ

Aurangpura UHC, Aurangabad , Maharashtra



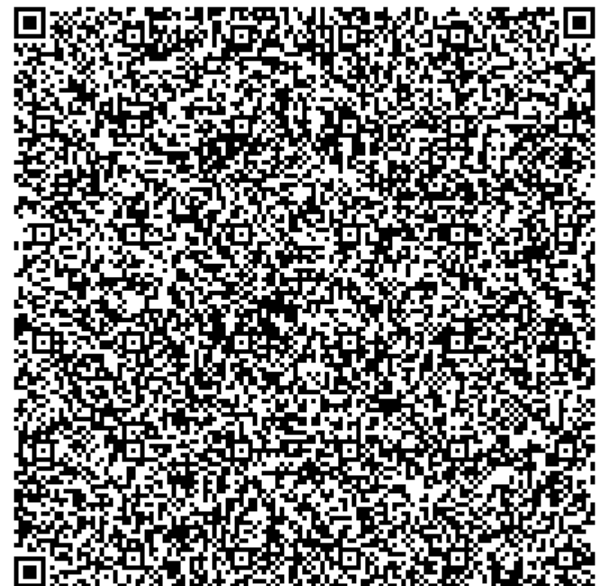
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”

- 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.

COWIN
Winning Over COVID



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