IMMUNIZATION CERTIFICATE FOR COVID-19

Name		Gul Muhammad					
Date of Birth	01-01-1990	_ CNIC / Identity No	21104-2213339-9				
Nationality——	ity————————————————————————————————————						



has been administered following COVID-19 vaccine:

	Vaccine Name	Recommended Dosage	Dose	Date	Health Center	Manufacturer & Batch No
	Sinopharm	2	1	03-08-2021	EDHI CENTER TOWER	Sinopharm, China National Pharmaceutical Group Co., Ltd 202105B0751
	Sinopharm	2	2	17-09-2021	EDHI CENTER TOWER	Sinopharm, China National Pharmaceutical Group Co., Ltd 2021061127

Issue Date: _____17-09-2021



Certificate No. QT5884165468





Scan for more details

