



Government of Nepal
Ministry of Health Services Population
Department of Health Services

Family Welfare Division, Vaccination Campaign against COVID-19

खोप लगाउन इच्छुक व्यक्तिको विवरण

Registration No. : **10886662**

Name : **Mirul Khanal**

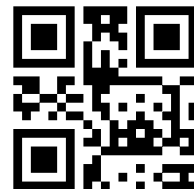
Age : **25**

Municipality : **Tokha**

Ward No. : **3**

Contact No. : **9857075392**

Proof of identity : **Passport / 07711285**



Note :- Please print immunization card