



Ministry of Health & Family Welfare  
Government of India

## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

**Snehasish Kumar Paul**

Age / वय

**25**

Gender / लिंग

**Male**

ID Verified / ओळखपत्र

**Aadhaar # XXXXXXXX6250**

Unique Health ID (UHID)

Beneficiary Reference ID

**19846371149640**

### Vaccination Details

Vaccine Name / लसीचे नाव

**COVISHIELD**

Date of Dose / डोसची तारीख

**23 Jun 2021 (Batch no. 4121MC001)**

Next due date / पुढील देय तारीख

**Between 15 Sep 2021 and 13 Oct 2021**

Vaccinated by / यांच्याद्वारे लसीकरण

**KAJAL MESHRAM**

Vaccination at / लसीकरणाचे स्थळ

**54 NMC SCHOOL DABHA, Nagpur,**

**Maharashtra**



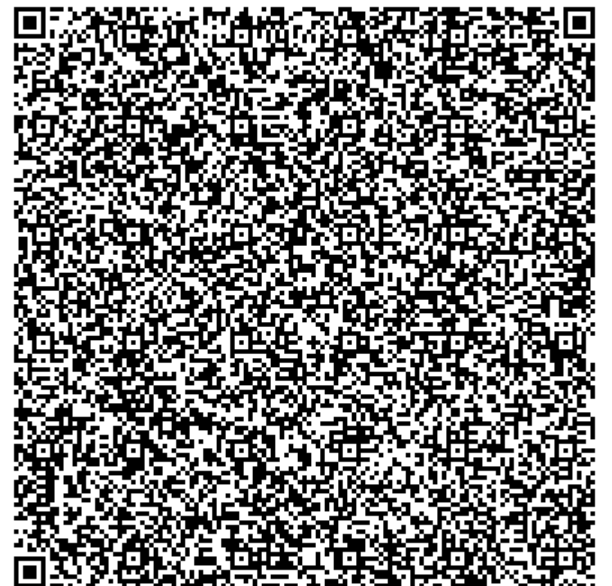
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19”

- 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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