



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Aditya Jugalkishor Somani

Age / वय

21

Gender / लिंग

Male

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXX6004

Unique Health ID (UHID)

50-2063-4755-2046

Beneficiary Reference ID

36514270550900

Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of 1st Dose / पहिल्या डोसची तारीख

04 May 2021 (Batch no. 4121Z062)

Date of 2nd Dose / दुसऱ्या डोसची तारीख

27 Jul 2021 (Batch no. 4121MC033)

Vaccinated by / यांच्याद्वारे लसीकरण

SHITAL SONUVANE

Vaccination at / लसीकरणाचे स्थळ

PHC Shristhi, Jalna, Maharashtra



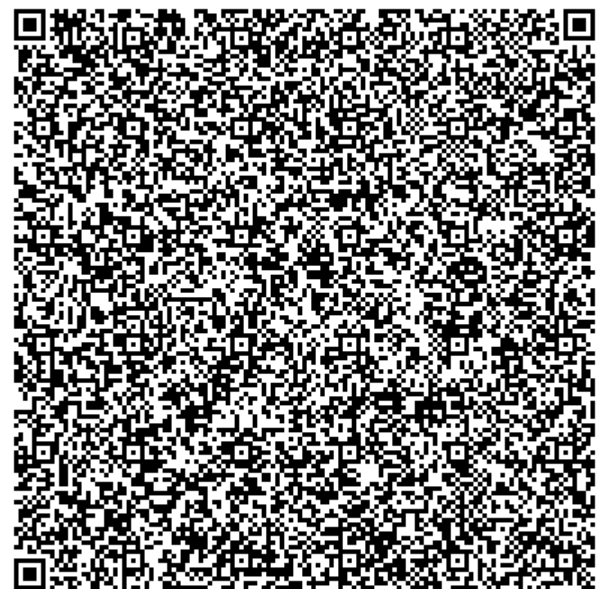
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”

- 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



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>