



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

Omnath S Gaund

Age / वय

52

Gender / लिंग

Male

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXX5874

Unique Health ID (UHID)

Beneficiary Reference ID

21395649856301

### Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of Dose / डोसची तारीख

07 Apr 2021 (Batch no. 4121Z036)

Next due date / पुढील देय तारीख

Between 05 May 2021 and 02 Jun 2021

Vaccinated by / यांच्याद्वारे लसीकरण

Dr. Nishidh Shivraj Pataria

Vaccination at / लसीकरणाचे स्थळ

SHIVAM HOSPITAL-2, Mumbai, Maharashtra



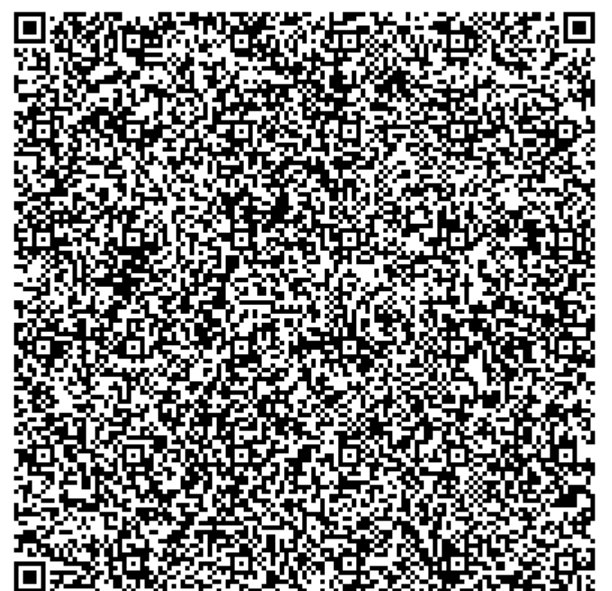
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19”

- 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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