

Ministry of Health & Family Welfare Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 37994957125

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव Amol Katare

Age / वय 39

Gender / लिंग **Male**

ID Verified / ओळखपत्र Aadhaar # XXXXXXXX1021

Unique Health ID (UHID)

Beneficiary Reference ID 21375569602345

Vaccination Status / लसीकरण स्थिती Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / लसीचे नाव COVISHIELD

Vaccine Type / लस प्रकार COVID-19 vaccine, non-replicating viral vector

Manufacturer / उत्पादक Serum Institute of India Pvt. Ltd.

Dose Number / डोस क्रमांक 1/2 2/2

Date of Dose / डोसची तारीख **2021-08-14 2021-11-24**

Batch Number / बॅच क्रमांक **4121Z151 4121Z011M**

Vaccinated By / यांच्याद्वारे लसीकरण **kavita Tawati**

Vaccination At / लसीकरणाचे स्थळ Mudra Nagari Arogy Kendra, Solapur,

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.





