



Ministry of Health & Family Welfare
Government of India

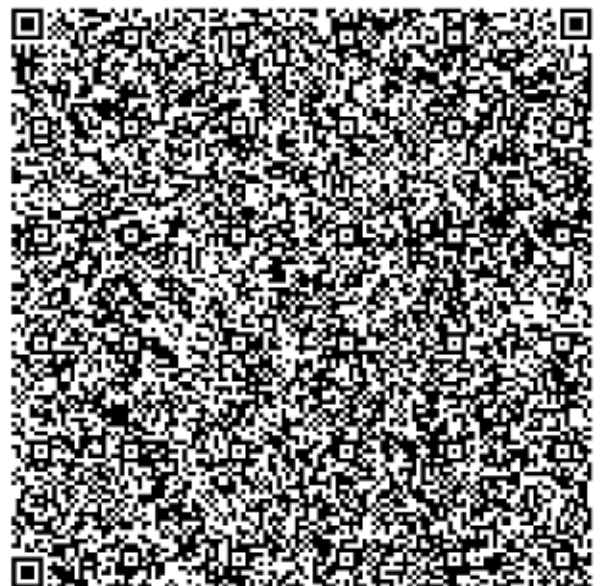
Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Kalpana
Age / उम्र	48
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX5147
Unique Health ID (UHID)	
Beneficiary Reference ID	29502694457519

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Date of 1 st Dose / पहली खुराक की तारीख	05 Jun 2021 (Batch no. 4121Z083)
Next due date / अगली नियत तिथि	Between 28 Aug 2021 and 25 Sep 2021
Vaccinated by / टीका लगाने वाले का नाम	KIRAN
Vaccination at / टीकाकरण का स्थान	Guda Vishnoiyan HCW, Jodhpur, Rajasthan



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