



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Rohan Jain

Age / उम्र

23

Gender / लिंग

Male

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXXX4627

Unique Health ID (UHID)

Beneficiary Reference ID

98538561418990

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVAXIN

Date of Dose / खुराक की तारीख

12 May 2021 (Batch no. 37F21038A)

Next due date / अगली नियत तिथि

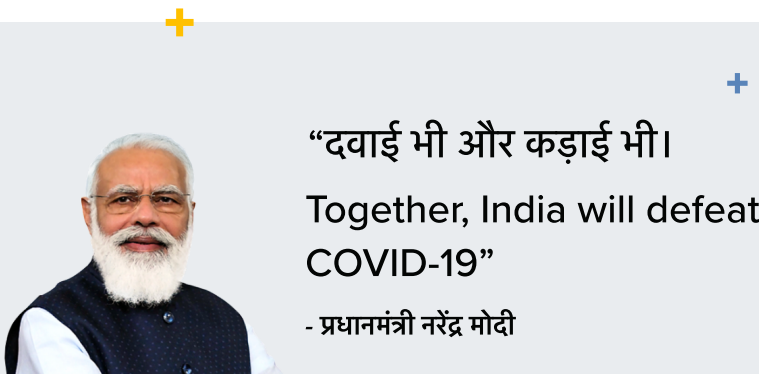
Between 09 Jun 2021 and 23 Jun 2021

Vaccinated by / टीका लगाने वाले का नाम

SANDHYA PEETAR

Vaccination at / टीकाकरण का स्थान

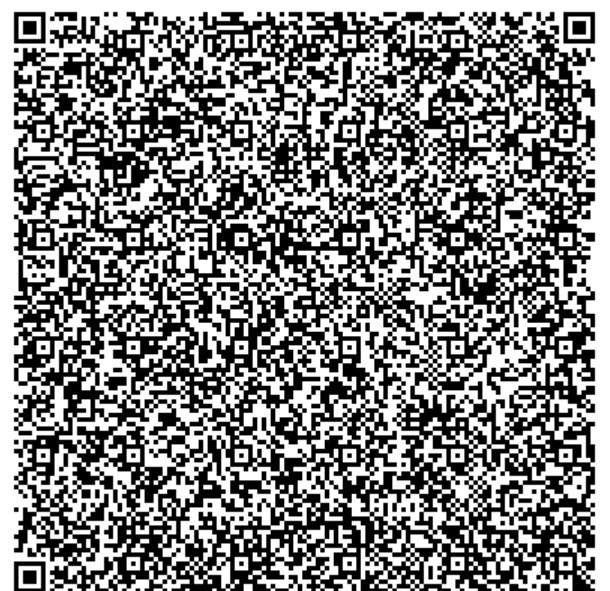
18-44 Year UPHC Lakhera Katni, Katni, Madhya Pradesh



In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण
अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

COWIN
Winning Over COVID



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