



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Gaju Singh Rathore

Age / उम्र

44

Gender / लिंग

Male

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX7135

Unique Health ID (UHID)

Beneficiary Reference ID

33688749830130

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVISHIELD

Date of Dose / खुराक की तारीख

25 May 2021 (Batch no. 4121Z079)

Next due date / अगली नियत तिथि

Between 17 Aug 2021 and 14 Sep 2021

Vaccinated by / टीका लगाने वाले का नाम

Durga Soni

Vaccination at / टीकाकरण का स्थान

Highcourt 18 plus, Jodhpur, Rajasthan