



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 95665386275

### Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Neha
Age / उम्र	41
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX4169
Unique Health ID (UHID)	
Beneficiary Reference ID	29505745165438
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD	
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.	
Dose Number / खुराक की संख्या	1/2	2/2
Date of Dose / खुराक की तारीख	2021-06-17	2022-01-03
Batch Number / बैच संख्या	41212099	4121MF044
Vaccinated By / टीका लगाने वाले का नाम	Priyanka kumari	
Vaccination At / टीकाकरण का स्थान	18-44 High Court SITE 1 WP, Jaipur I, Rajasthan	

