



Ministry of Health & Family Welfare
Government of India

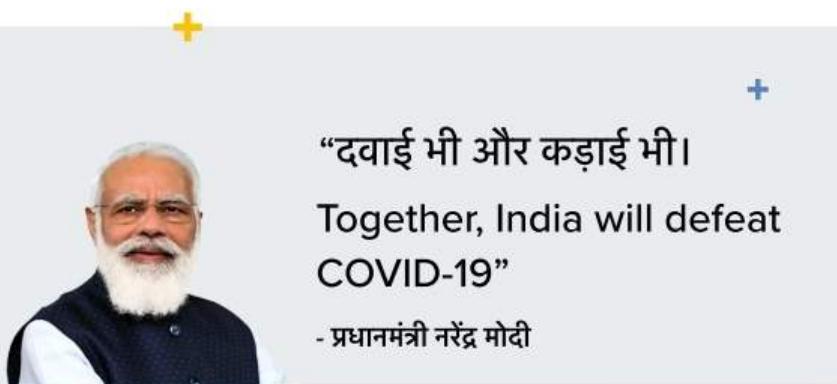
Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Brij Mohan Singh
Age / उम्र	68
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX9605
Unique Health ID (UHID)	
Beneficiary Reference ID	29505259969884

Vaccination Details

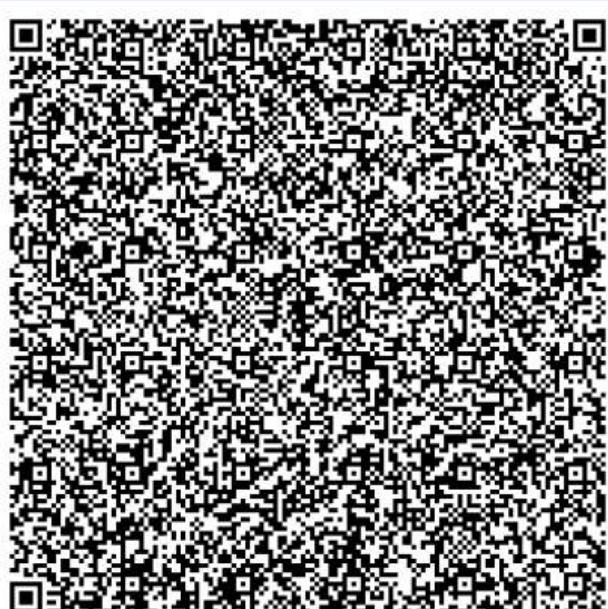
Vaccine Name / वैक्सीन का नाम	COVISHIELD
Date of Dose / खुराक की तारीख	27 Apr 2021 (Batch no. 4121Z057)
Vaccinated by / टीका लगाने वाले का नाम	Anju Kumari
Vaccination at / टीकाकरण का स्थान	CD HIGH COURT SITE 3, Jaipur I, Rajasthan



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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