



Ministry of Health & Family Welfare  
Government of India

## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Lakhan Singh
Age / उम्र	30
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	PAN Card # HOQPS4665C
Unique Health ID (UHID)	
Beneficiary Reference ID	31549050848460

### Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Date of Dose / खुराक की तारीख	05 May 2021 (Batch no. 4121Z062)
Next due date / अगली नियत तिथि	Between 28 Jul 2021 and 25 Aug 2021
Vaccinated by / टीका लगाने वाले का नाम	USHA MEENA
Vaccination at / टीकाकरण का स्थान	SMS MEDICAL COLLEGE 18-44, Jaipur I, Rajasthan

