



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Malkhan Chaturvedi
Age / उम्र	43
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX8651
Unique Health ID (UHID)	
Beneficiary Reference ID	29534433651919

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Date of Dose / खुराक की तारीख	22 Jun 2021 (Batch no. 4121Z0103)
Next due date / अगली नियत तिथि	Between 14 Sep 2021 and 12 Oct 2021
Vaccinated by / टीका लगाने वाले का नाम	Krishna Chaturvedi
Vaccination at / टीकाकरण का स्थान	Soorwal PHC 18, Sawai Madhopur, Rajasthan

