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Ministry of Health & Family Welfare
Government of India

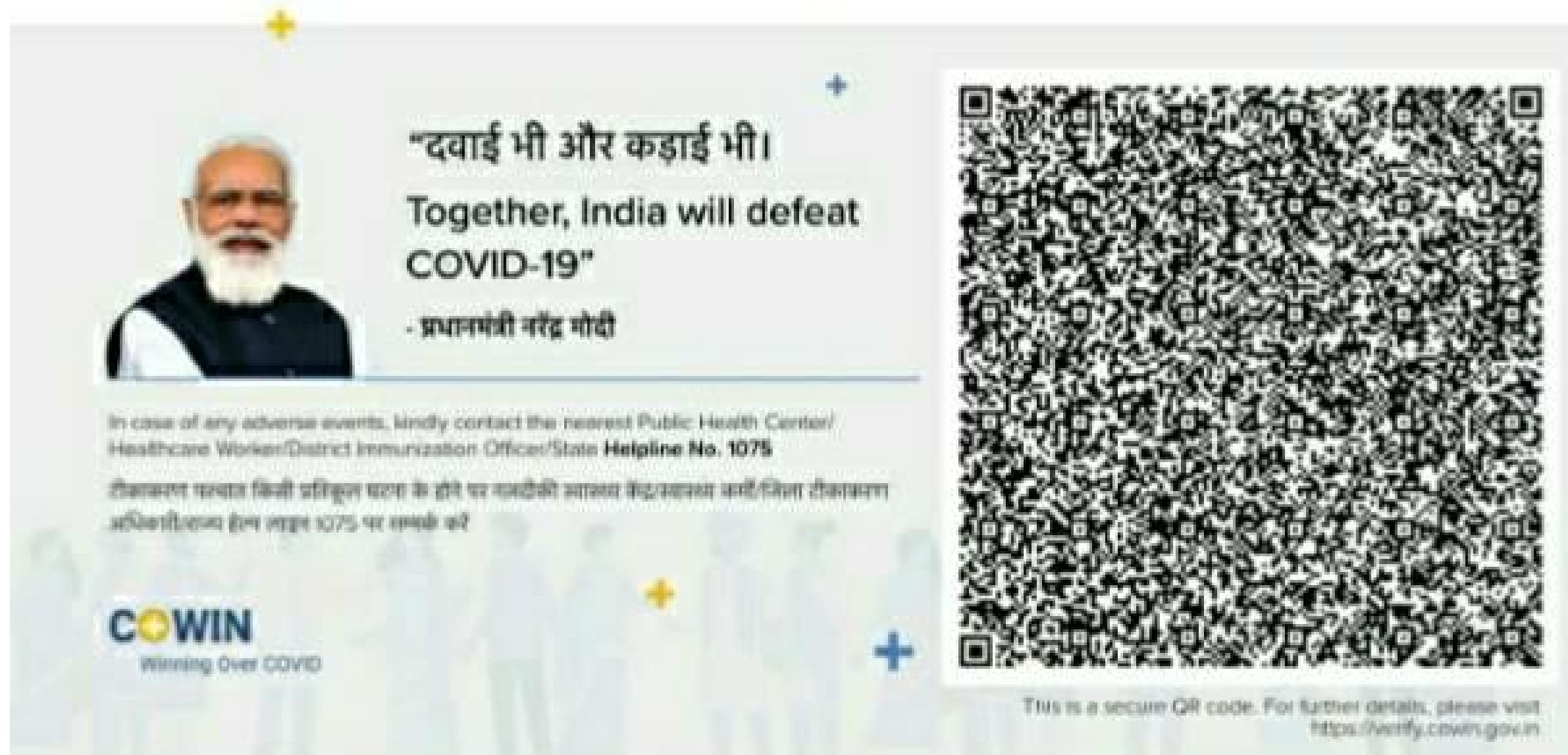
Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Bantu mall
Age / आयु	27
Gender / लिंग	Male
ID Verified / पहुंचन पत्र सत्यापित	Aadhaar # XXXXXXXX1867
Unique Health ID (UHID)	
Beneficiary Reference ID	32532180086560

Vaccination Details

Vaccine Name / देक्सीन का नाम	COVISHIELD
Date of Dose / दुराक की तारीख	12 May 2021 (Batch no. 4121Z042)
Next due date / आगली नियत तिथि	Between 23 Jun 2021 and 07 Jul 2021
Vaccinated by / टीका लगाने वाले का नाम	Priyanka kumari
Vaccination at / टीकाकरण का स्थान	18-44 High Court SITE 2 WP, Jaipur I, Rajasthan



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