



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Gaju Singh Rathore
Age / उम्र	44
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXXX7135
Unique Health ID (UHID)	
Beneficiary Reference ID	33688749830130

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Date of Dose / खुराक की तारीख	25 May 2021 (Batch no. 4121Z079)
Next due date / अगली नियत तिथि	Between 17 Aug 2021 and 14 Sep 2021
Vaccinated by / टीका लगाने वाले का नाम	Durga Soni
Vaccination at / टीकाकरण का स्थान	Highcourt 18 plus, Jodhpur, Rajasthan