



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	<b>Malkhan Chaturvedi</b>
Age / उम्र	<b>43</b>
Gender / लिंग	<b>Male</b>
ID Verified / पहचान पत्र सत्यापित	<b>Aadhaar # XXXXXXXXX8651</b>
Unique Health ID (UHID)	
Beneficiary Reference ID	<b>29534433651919</b>

### Vaccination Details

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