



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लोगार्थी का नाम

Sarvesh Jain
36

Age / उम्र

Male

Gender / लिंग

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX5794

Unique Health ID (UHID)

75-7457-8883-6617

Beneficiary Reference ID

35201906237210

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVISHIELD

Date of Dose / चुस्क की तारीख

21 May 2021 (Batch no. 4121Z074)

Next due date / अगली नियम तिथि

Between 13 Aug 2021 and 10 Sep 2021

Vaccinated by / देंका लोगाने वाले का नाम

Priyanka Kumari

Vaccination at / देंकाकरण का स्थान

18-44 High Court SITE 2 WP, Jaipur I,

Rajasthan

‘दयावृ भी और कड़ाइ भी।

Together, India will defeat
COVID-19

म्रगनाशन भवी

Base of COVID-19 Vaccination Centre, Public Health Center,
Healthcare Worker District, Jaipur, Office/Line No. 105
जयपुरा प्रांत विजयपुरा जिला विकास बोर्ड, विजयपुरा जिला विकास बोर्ड
संस्कारण दिनांक 10-08-2021

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