



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Budha Ram Godara

Age / उम्र

42

Gender / लिंग

Male

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX9314

Unique Health ID (UHID)

Beneficiary Reference ID

69958178169140

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVISHIELD

Date of Dose / खुराक की तारीख

13 May 2021 (Batch no. 4121Z043)

Next due date / आगली नियत तिथि

Between 05 Aug 2021 and 02 Sep 2021

Vaccinated by / टीका लगाने वाले का नाम

Durga Soni

Vaccination at / टीकाकरण का स्थान

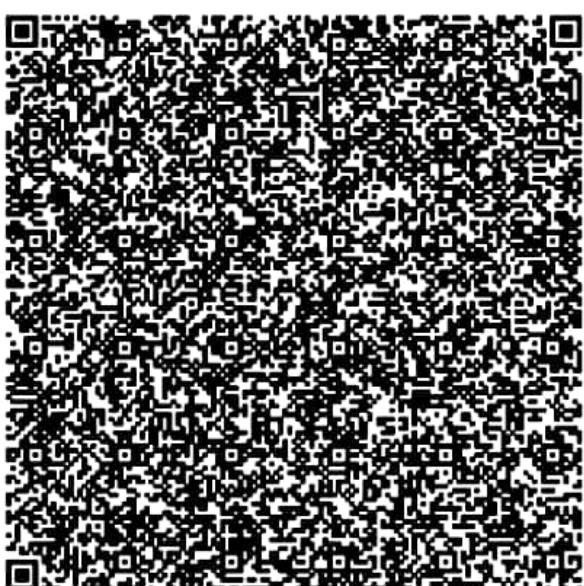
Highcourt 18 to 44 only, Jodhpur, Rajasthan

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“दवाई भी और कड़ाई भी।
Together, India will defeat
COVID-19”
- प्रधानमंत्री नरेंद्र मोदी

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In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण
अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

COWIN

Winning Over COVID

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This is a secure QR code. For further details, please visit
<https://covid19.cowin.gov.in>

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