



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ଲାଭାର୍ଥୀଙ୍କର ନାମ

Gourimani Rana

Age / ବୟସ

53

Gender / ଲିଙ୍ଗ

Female

ID Verified / ଆଇଡି ସତ୍ୟାପିତ ହୋଇଛି

Aadhaar # XXXXXXXX9790

Unique Health ID (UHID)

Beneficiary Reference ID

26456443435440

Vaccination Details

Vaccine Name / ଟିକା ନାମ

COVISHIELD

Date of 1st Dose / ପ୍ରଥମ ଡୋଜର ତାରିଖ

09 Jun 2021 (Batch no. 4121Z076)

Date of 2nd Dose / ଦ୍ୱିତୀୟ ଡୋଜର ତାରିଖ

16 Sep 2021 (Batch no. 4121AA05M)

Vaccinated by / ଟିକା ଦେଉଥିବା ବ୍ୟକ୍ତିଙ୍କ ନାମ

BASANTI DIDI

Vaccination at / ଟିକାକରଣ ସ୍ଥାନ

PRM MCH, Mayurbhanj, Odisha



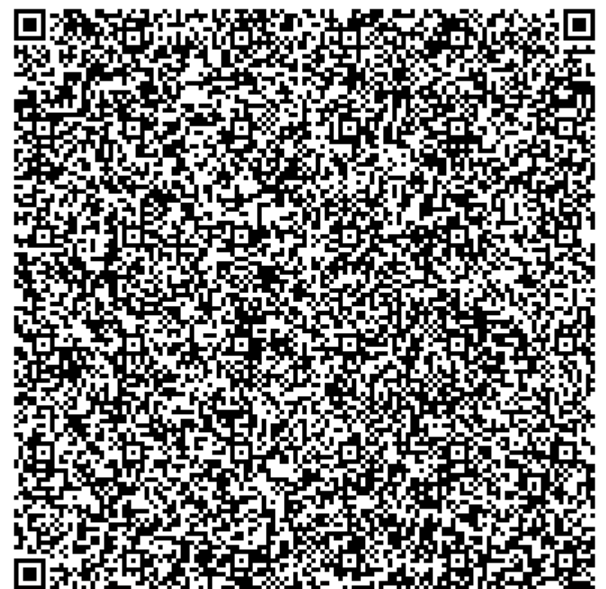
“ଐଶ୍ଵର୍ଯ୍ୟ ମଧ୍ୟ ଏବଂ କଠୋରତା ମଧ୍ୟ
Together, India will defeat
COVID-19”

- ପ୍ରଧାନମନ୍ତ୍ରୀ ନରେନ୍ଦ୍ର ମୋଦି

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

କୌଣସି ପ୍ରକାର ପ୍ରତିକୂଳ ଘଟଣା ଘଟିଲେ ଦୟାକରି ନିକଟସ୍ଥ ଜନସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର / ସ୍ୱାସ୍ଥ୍ୟସେବା କର୍ମୀ / ଜିଲ୍ଲା
ଟିକାକରଣ ଅଫିସର / ରାଜ୍ୟ ହେଲ୍ପଲାଇନ ନମ୍ବର 1075 ସହିତ ଯୋଗାଯୋଗ କରନ୍ତୁ

COWIN
Winning Over COVID



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>