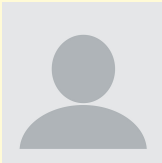


IMMUNIZATION CERTIFICATEFOR COVID- 19



NAME: AREEBA EMAIL: AREEBA@GMAIL.COM

CNIC NO: 11111111AGE: 20

GENDER FEMAIL VACCINE: SINOPHARM

VACCINE DOS	DATE	NAME OF HOSPITAL	NAME OF VACCINE
VACCINATED	2023 - 02 - 22	NMC	SINOPHARM
VACCINATED	2023 - 02 - 22	NMC	SINOPHARM