



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Shrinish Rajesh Vhanbatte

Age / वय

20

Gender / लिंग

Male

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXX0473

Unique Health ID (UHID)

61-0214-7777-8007

Beneficiary Reference ID

80284303923270

Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of 1st Dose / पहिल्या डोसची तारीख

29 Jul 2021 (Batch no. 4121Z115)

Next due date / पुढील देय तारीख

Between 21 Oct 2021 and 18 Nov 2021

Vaccinated by / यांच्याद्वारे लसीकरण

Dr.Harish Nangare

Vaccination at / लसीकरणाचे स्थळ

CROM CLINICALRESEARCH KOLHAPUR,

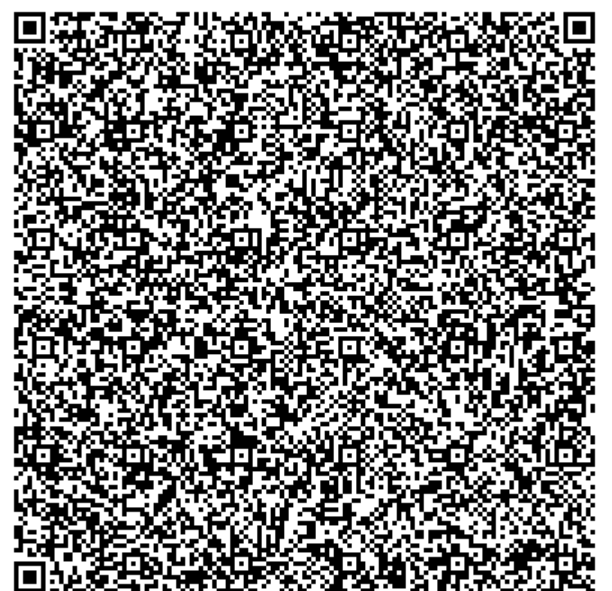
Kolhapur, Maharashtra



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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

COWIN
Winning Over COVID



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