



Government of Nepal
Ministry of Health Services Population
Department of Health Services

Welfare Division, Vaccination Campaign against COVID-19

खोप लगाउन इच्छुक व्यक्तिको विवरण

Registration No. : **11603059**

Name : **Ambika Khatiwada**

Municipality : **Hetauda**

Age : **45**

Contact No. : **9849970142**

Ward No. : **16**

Proof of identity : **Citizenship / 28/541**



Note :- Please print immunization card