COTT CAME HOUSTER)	CITY CARE HOSPITAL S.No.3, Kamal Nagar, Near Datta Mandir, Wadgaon Sheri, Pune - 411014.	Mob.: 8669972299 9545068178
Receipt No.	4814 RECEIPT D	Pate: 14/08/21
Received with than Address Wodg the sum of Rupees	ks from Shri/Sou/Chi/K <u>um Crasad Chave</u> onsheri 780%	at
by Cash/Card/Chec	que Nodatedon acce tion/Pathology Lab/ Dressing/ BSL/UPT/ECG/X-Ra	ount of - IPD Bill / OPD
₹.780 X		TY CARE HOSPITAL



Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाय Prasad Mahadeo Chavat

Age / यय

Gender / लिंग Mal

ID Verified / ओळखपत्र Aadhaar # XXXXXXXX4287

Unique Health ID (UHID) 33-0577-6682-2028

Beneficiary Reference ID 1266758110573

Vaccination Details

Vaccine Name / लसीचे नाव COVISHIELD

Date of 1st Dose / पहिल्या डोसची तारीख **02 Apr 2021 (Batch no. 4121Z029)**

Date of 2nd Dose / दुसऱ्या डोसची तारीख **14 Aug 2021 (Batch no. 4121Z129)**

Vaccinated by / यांच्याद्वारे लसीकरण KALPANA JADHAV

Vaccination at / लसीकरणाचे स्थळ PMC P Citicare Hospi Ngr Rd, Pune,

Maharashtra



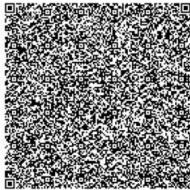
औषध सुद्धा आणि शिस्त सुद्धा Together, India will defeat COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणांहेडी प्रतिकृत परिणाम आढळूने आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा कर्मवारी/ जिंजहा लसीवनण अधिकारी/ राज्य हेल्यलाइन क्रमांक १०७५ वर संपर्क साधा.





THIS CHURCOW COLLEGE VEHICLE BY SCALEINING SHE CAR COOK OF