

RECEIPT

S.No.

**6867**

COVID - 19 VACCINATION SLIP

Date :

4/6/21

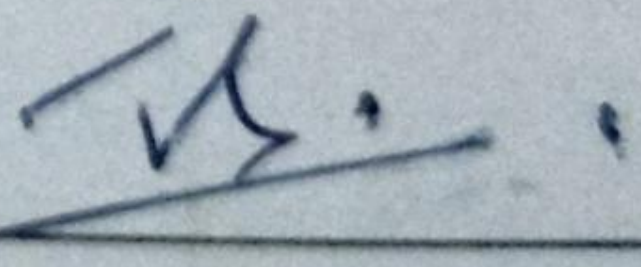
1. Name of Beneficiary : Gobinda Prasad  
Gudu
2. Mobile No. of Beneficiary : 720 8184290
3. Vaccination Site : Apollo Clinic
4. Vaccine Received : COVISHIELD
5. Date of 1st Dose : ✓
6. Date of 2nd Dose : Due on : \_\_\_\_\_

Given On : \_\_\_\_\_

By Cash on a/c of Covid - 19 Vaccine

**Rs: 250/-**

ADK

  
Signature of Authorised Person