

RECEIPT

COVID - 19 VACCINATION SLIP

S.No.

8353

Date:

06/08/21

1. Name of Beneficiary : **Nilgita Singh**
2. Mobile No. of Beneficiary : **9769 666311**
3. Vaccination Site : Apollo Clinic
4. Vaccine Received : **COVAXIN**
5. Date of 1st Dose : **09/06/21**
6. Date of 2nd Dose : **Between 4 to 6 weeks as per schedule**

By Cash on a/c of Covid - 19 Vaccination

Rs: 1410/-



Signature of Authorised Person

1. Name of Beneficiary : Azad Singh Date : 1/09/21
2. Mobile No. of Beneficiary : 9769666311
3. Vaccination Site : Apollo Clinic
4. Vaccine Received : SHIELD
5. Date of 1st Dose : June 2021
6. Date of 2nd Dose : Between 12-16 weeks as per schedule

By Cash on a/c of Covid - 19 Vaccine

Rs: 780/-

(Signature)
Signature of Authorised Person