



RECEIPT

COVID - 19 VACCINATION SLIP

S.No. 52816

1. Name of Beneficiary : Gobinda Prasad Guha. Date : 30/8/21
2. Mobile No. of Beneficiary : 7718880406 / 7208184290.
3. Vaccination Site : Apollo Clinic
4. Vaccine Received : COVISHIELD
5. Date of 1st Dose :
6. Date of 2nd Dose : Between 12-16 weeks as per schedule

By Cash on a/c of Covid - 19 Vaccine

Rs: 780/-



Signature of Authorised Person

Licencee: Sanjeevani Health And Lifestyle Private Limited
CIN: U74220WB2002PTC095155 | GST: 19AAHCS5089B1Z5
Apollo Clinic, Newtown, DLF Galleria, Action Area IB,
New Town Rajarhat Kolkata 700156. Contact: (033) 4036 5500 / 5555



RECEIPT

COVID - 19 VACCINATION SLIP

S.No. 66858

1. Name of Beneficiary : Gayatri Date : 20/06/21
2. Mobile No. of Beneficiary : 7718880406
3. Vaccination Site : Apollo Clinic
4. Vaccine Received : COVISHIELD
5. Date of 1st Dose : 07-06-21
6. Date of 2nd Dose : Between 12-16 weeks as per schedule

By Cash on a/c of Covid - 19 Vaccine

Rs: 780/-

Sanjeevani Health & Lifestyle Pvt. Ltd. Apollo Clinic
New Town
Signature of Authorised Person

Licencee: Sanjeevani Health And Lifestyle Private Limited
CIN: U74220WB2002PTC095155 | GST: 19AAHCS5089B1Z5
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