



Ministry of Health & Family Welfare
Government of India

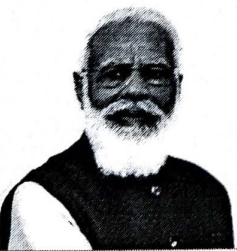
Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव **Vinay Vasant Patil**
Age / वय **31**
Gender / लिंग **Male**
ID Verified / ओळखपत्र **Aadhaar # XXXXXXXXX2751**
Unique Health ID (UHID)
Beneficiary Reference ID **85276859613090**

Vaccination Details

Vaccine Name / लसीचे नाव **COVISHIELD**
Date of Dose / डोसची तारीख **09 Jun 2021 (Batch no. 4121Z077)**
Next due date / पुढील देय तारीख **Between 01 Sep 2021 and 29 Sep 2021**
Vaccinated by / यांच्याद्वारे लसीकरण **Sadhana Chinchole**
Vaccination at / लसीकरणाचे स्थळ **Symbiosis University Hospital, Pune,
Maharashtra**

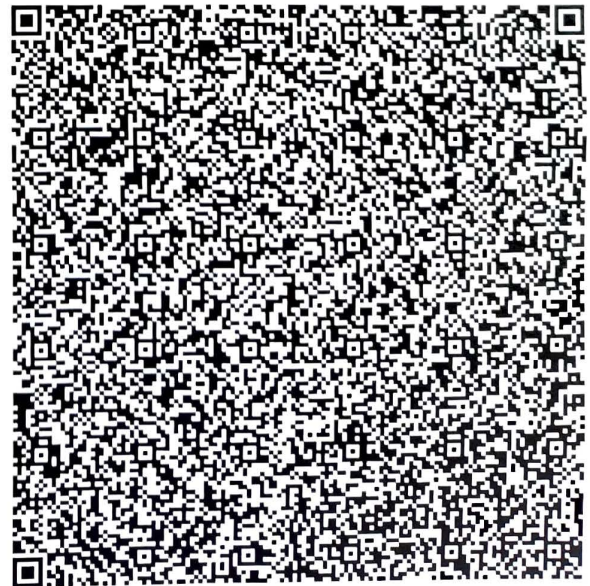


औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”
- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

COWIN
Winning Over COVID



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