



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Gulzar Rashid Shaikh
Age / वय	41
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX4999
Unique Health ID (UHID)	
Beneficiary Reference ID	43714136364570

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 st Dose / पहिल्या डोसची तारीख	14 Aug 2021 (Batch no. 4121Z112)
Date of 2 nd Dose / दुसऱ्या डोसची तारीख	08 Nov 2021 (Batch no. 4121P139)
Vaccinated by / यांच्याद्वारे लसीकरण	ARTI GAIKWAD
Vaccination at / लसीकरणाचे स्थळ	HARAL HOSPITAL AHMEDNAGAR Corp, Ahmednagar, Maharashtra



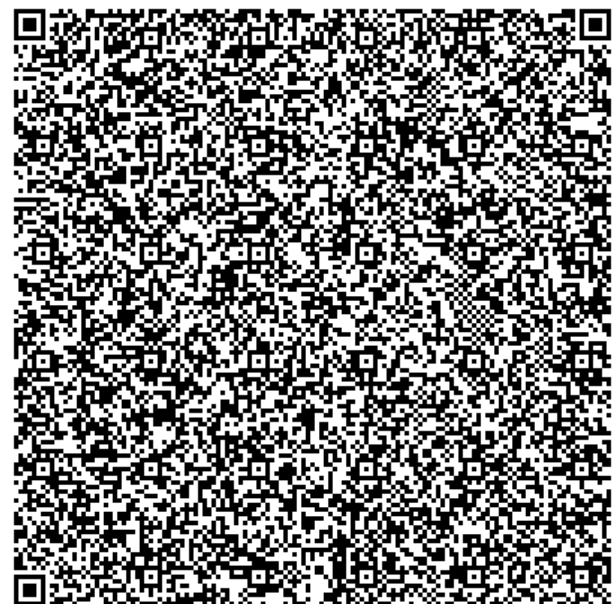
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”

- 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



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>