



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Pratiksha Devidas Kulkarni
Age / वय	22
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX9877
Unique Health ID (UHID)	
Beneficiary Reference ID	68239336644030

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 st Dose / पहिल्या डोसची तारीख	
Date of 2 nd Dose / दुसऱ्या डोसची तारीख	09 Oct 2021 (Batch no. 4121Z002M)
Vaccinated by / यांच्याद्वारे लसीकरण	Sarla Pawar
Vaccination at / लसीकरणाचे स्थळ	Shivaji Nagar A.Bad UHC, Aurangabad , Maharashtra



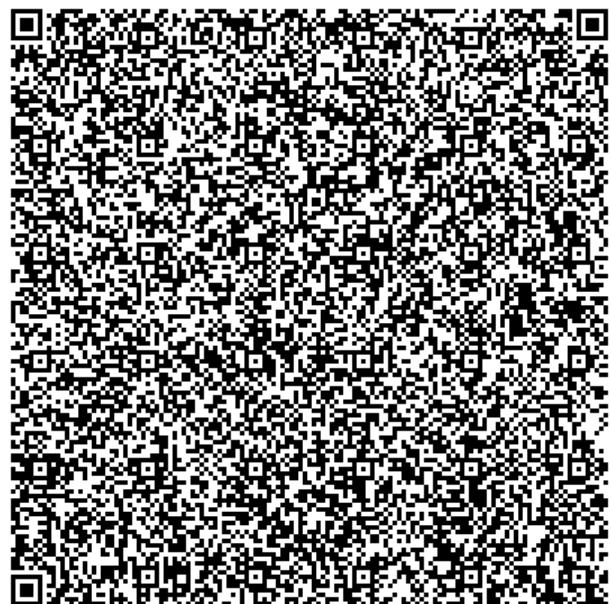
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”

- 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>