



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Sushil Kumar Shinde
Age / वय	46
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX2185
Unique Health ID (UHID)	
Beneficiary Reference ID	21375230428437

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 st Dose / पहिल्या डोसची तारीख	31 Mar 2021 (Batch no. 4121Z020)
Next due date / पुढील देय तारीख	Between 23 Jun 2021 and 21 Jul 2021
Vaccinated by / यांच्याद्वारे लसीकरण	Bhosale Y R
Vaccination at / लसीकरणाचे स्थळ	Primary Health Centre Kasegaon, Solapur, Maharashtra



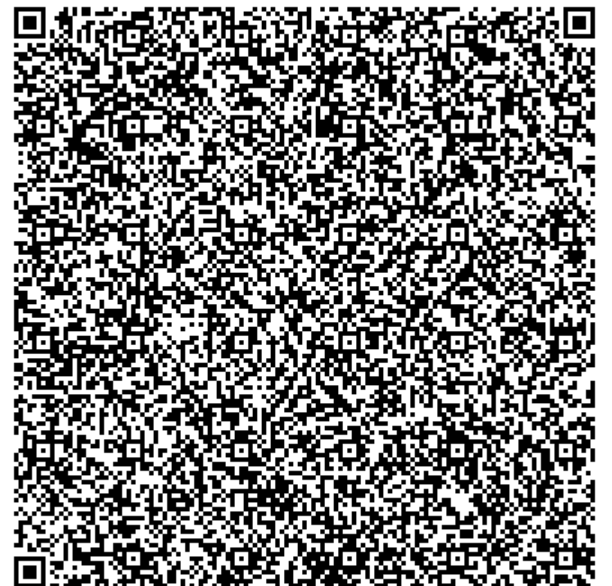
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”

- 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>