

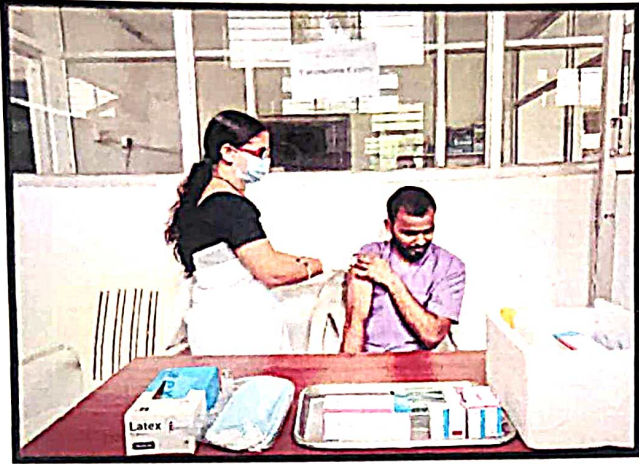


SOMANATH EDUCATIONAL TRUST'S
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognised by Dental Council of India)
Email: principalsbpdch@yahoo.co.in www.sbpatilcollege.in
Ph.: 08482 232101-232588 Fax.: 08482-232101

Estd.: 1991

PHOTOS OF IMMUNIZATION



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S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)

2017



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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India .

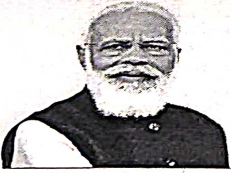
Certificate ID 11239558600

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Deepali
Age / ವಯಸ್ಸು	24
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX4161
Unique Health ID (UHID)	
Beneficiary Reference ID	16272591187616
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	13 Mar 2021	17 Apr 2021	16 Feb 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011	4121Z047	4121Z273
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka		



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು”

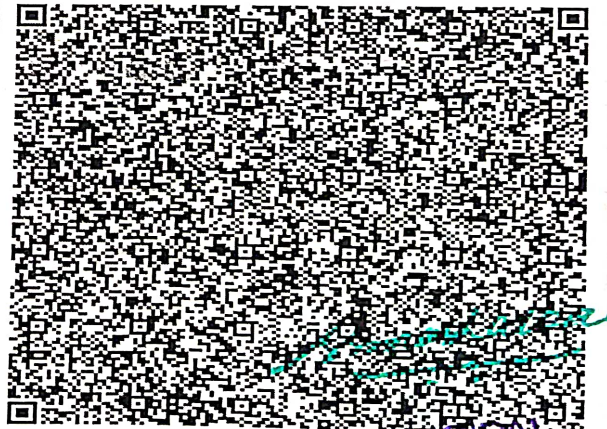
Together, India will defeat
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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಟುಂಬ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
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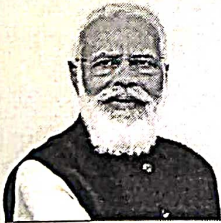
Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Ayesha Pasha
Age / ವಯಸ್ಸು	27
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX5131
Unique Health ID (UHID)	70-4660-2256-8610
Beneficiary Reference ID	16272362686453

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	30 Apr 2021 (Batch no. 4121Z056)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	01 Aug 2021 (Batch no. 4121MC039)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

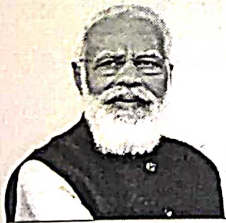
Certificate ID 35449026172

Beneficiary Details

Beneficiary Name	Bhanu Prakash S
Age	34
Gender	Male
ID Verified	Aadhaar # XXXXXXXXX7631
Unique Health ID (UHID)	
Beneficiary Reference ID	80744144436400
Vaccination Status	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name	COVAXIN		
Vaccine Type	COVID-19 vaccine, inactivated virus		
Manufacturer	Bharat Biotech, India		
Dose Number	1/2	2/2	Precaution dose
Date of Dose	09 Jun 2021	16 Jul 2021	07 May 2022
Batch Number	37I21005A	37F21077A	37I21015A
Vaccinated By	Mr. Vinod Kumar		
Vaccination At	MEDISYS CVC ONE		



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- Prime Minister Narendra Modi

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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 23125876831

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Dr Chandra Shekar Gouda Patil

Age / ವಯಸ್ಸು

44

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXXX0856

Unique Health ID (UHID)

Beneficiary Reference ID

16272818241789

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Precaution dose

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

17 Feb 2021

19 Apr 2021

20 Jan 2022

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z047

4121Z047

412Z240

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Raichal

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

UPHC NAUBAD CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

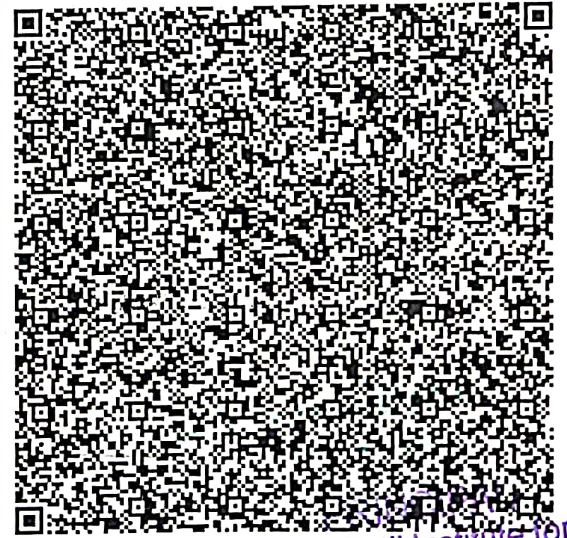
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NAUBAD, BIDAR-585402
(Karnataka)



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 58718626900

Beneficiary Details

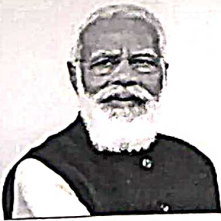
Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು
Age / ವಯಸ್ಸು
Gender / ಲಿಂಗ
ID Verified / ಐ.ಡಿ. ಗುರುತು
Unique Health ID (UHID)
Beneficiary Reference ID
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Deepak Kumar
38
Male
Aadhaar # XXXXXXXX8157
16272149411930
Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ
Manufacturer / ತಯಾರಕರು
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

COVISHIELD
COVID-19 vaccine, non-replicating viral vector
Serum Institute of India
1/2 2/2
17 Mar 2021 07 May 2021
4120Z011 4121Z065
Raichal
UPHC NAUBAD CVC, Bidar, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

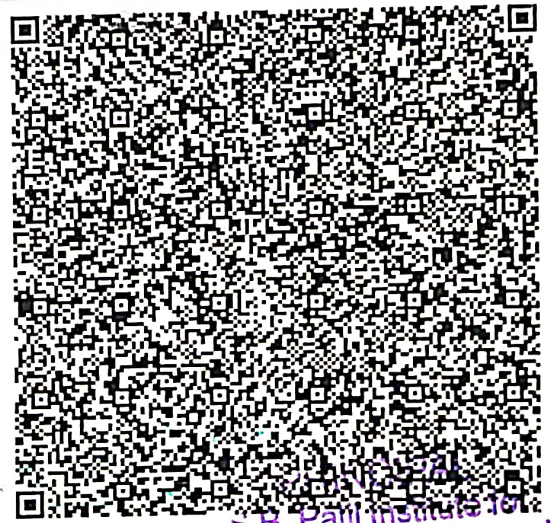
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(Karnataka)



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Certificate for COVID-19 Vaccination

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Certificate ID 52964729559

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dr Janaki
Age / ವಯಸ್ಸು	39
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX6537
Unique Health ID (UHID)	
Beneficiary Reference ID	16267674300501
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	10 May 2021 09 Aug 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z042 4121P140
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Shivakiran
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	KALABURAGI DH WORKPLACE, Gulbarga, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

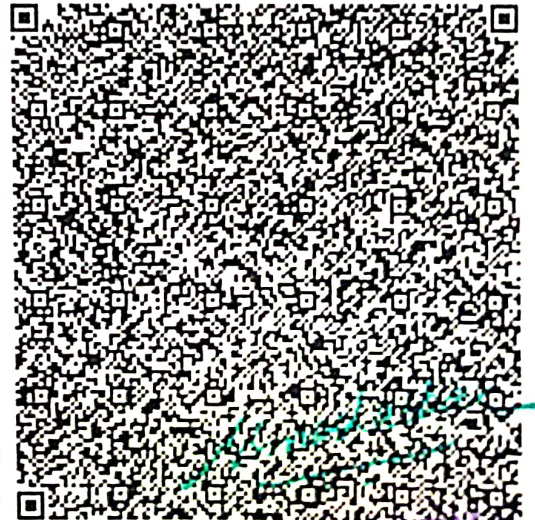
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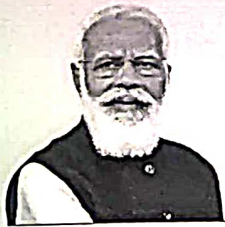
Certificate ID 77245392116

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Kailash L Rathi
Age / ವಯಸ್ಸು	33
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Voter ID # UOB8550741
Unique Health ID (UHID)	
Beneficiary Reference ID	16267263363828
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	06 Feb 2021 05 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011 4121Z111
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Ravi
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	Workplace 3 dose, Gulbarga, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

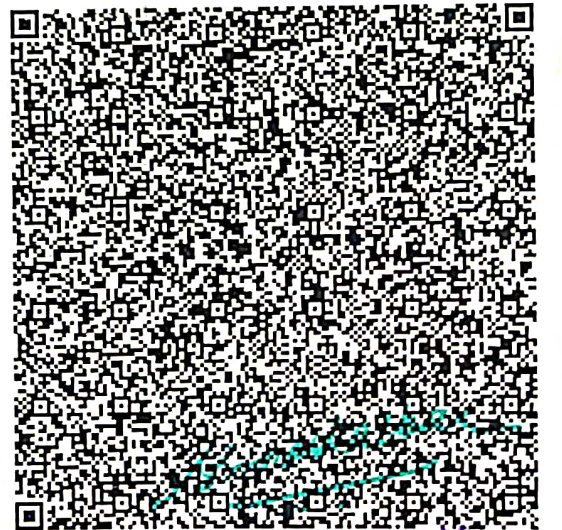
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಾಪೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Covid-19 Vaccination Certificate

Issued in India by Ministry of Health & Family Welfare, Govt of India

Certificate ID 39279143448

Beneficiary Details

Beneficiary Name	Kainath Fatima
Date of Birth (YYYY-MM-DD)	1991-09-28
Gender	Female
Passport Number	T7938191
Vaccination Status (# of doses)	Fully Vaccinated (2 Doses)
Beneficiary Reference ID	32581509708070

Vaccination Details

Vaccine Name	COVISHIELD	
Vaccine Type	COVID-19 vaccine, non-replicating viral vector	
Manufacturer	Serum Institute of India Pvt. Ltd.	
Dose #	1st	2nd
Date of Dose (YYYY-MM-DD)	2021-05-29	2021-09-05
Dose Batch #	4121Z043	4121AA006M



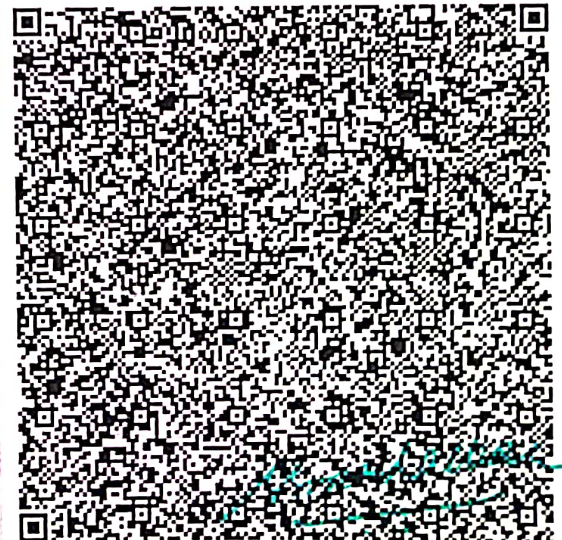
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- Prime Minister Narendra Modi

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Certificate for COVID-19 Vaccination

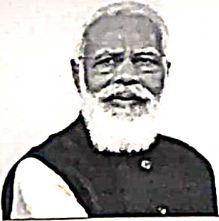
Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Kaveri
Age / ವಯಸ್ಸು	24
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX3350
Unique Health ID (UHID)	
Beneficiary Reference ID	16272122592173

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	18 Sep 2021 (Batch no. 4121MC080)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	27 Oct 2021 (Batch no. 4121P229)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೂಪ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 56999374032

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dr Lubna
Age / ವಯಸ್ಸು	34
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX4134
Unique Health ID (UHID)	
Beneficiary Reference ID	16272968230578
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	27 Jul 2021 09 Nov 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC029 4121AA021M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Government of India

Covid-19 Vaccination Certificate

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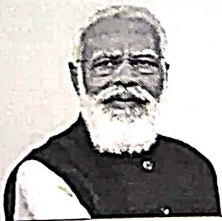
Certificate ID 99354910772

Beneficiary Details

Beneficiary Name	Mirza Muqneem Baig
Date of Birth (YYYY-MM-DD)	1986-01-24
Gender	Male
Passport Number	T7894082
Vaccination Status (# of doses)	Fully Vaccinated (2 Doses)
Beneficiary Reference ID	32581715121052

Vaccination Details

Vaccine Name	COVISHIELD	
Vaccine Type	COVID-19 vaccine, non-replicating viral vector	
Manufacturer	Serum Institute of India Pvt. Ltd.	
Dose #	1st	2nd
Date of Dose (YYYY-MM-DD)	2021-04-02	2021-06-28
Dose Batch #	4120Z010	4121MC007



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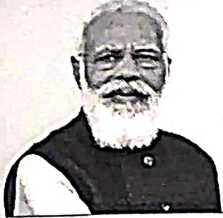
Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / అభిదారుని పేరు Narayana
Age / వయస్సు 41
Gender / లింగం Male
ID Verified / ఐడి ధృవీకరించబడింది Aadhaar # XXXXXXXX0783
Unique Health ID (UHID)
Beneficiary Reference ID 16272321319715

Vaccination Details

Vaccine Name / టీకా పేరు COVAXIN
Date of 1st Dose / మొదటి మోతాదు తేదీ 22 Apr 2021 (Batch no. 37F21025A)
Date of 2nd Dose / రెండవ మోతాదు తేదీ 23 Jul 2021 (Batch no. 37F21083A)
Vaccinated by / టీకాలు వేయించినవారు Devanamma
Vaccination at / టీకాలు వేసిన చోటు AmbedkarNagarCVCCOVAXIN, Krishna, Andhra Prac



“టీకాతో పాటు పత్యం
కూడా చెయ్యాలి

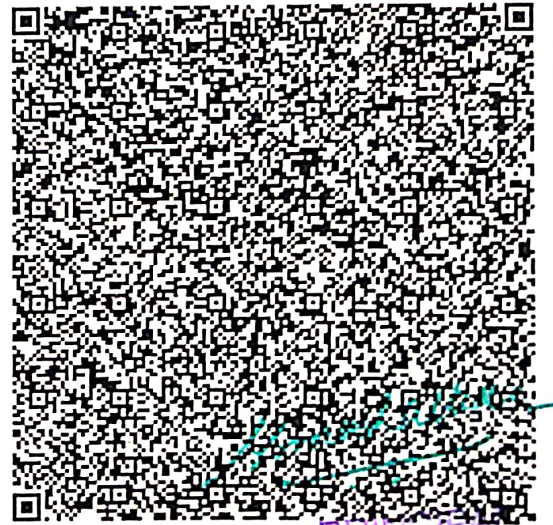
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ఎదైనా ప్రతికూల సంఘటనలు జరిగితే, దయచేసి సమీప ప్రజారోగ్య కేంద్రం / హెల్ప్ లైన్ నంబర్ /
జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్ ను సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నం. 1075

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Certificate ID 89417844329

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Pooja
Age / ವಯಸ್ಸು	38
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX7510
Unique Health ID (UHID)	16272692777626
Beneficiary Reference ID	Fully Vaccinated (2 Doses) and a Precaution Dose
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	25 Feb 2021	26 Mar 2021	23 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z016	4121Z016	412Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka		



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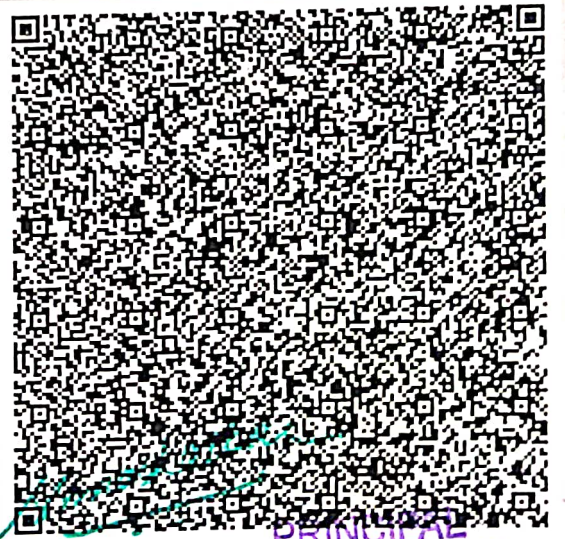
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name	Prasannakumari
Age	32
Gender	Female
ID Verified	Aadhaar # XXXXXXXXX1662
Unique Health ID (UHID)	46-5258-0434-3616
Beneficiary Reference ID	98486626811240

Vaccination Details

Vaccine Name	COVISHIELD
Date of 1 st Dose	06 Jun 2021 (Batch no. 4121Z084)
Date of 2 nd Dose	18 Sep 2021 (Batch no. 4121Z224)
Vaccinated by	POOJA
Vaccination at	BIDAR DH CVC



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Certificate ID 33860296443

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Puttaraj
Age / ವಯಸ್ಸು	43
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX6431
Unique Health ID (UHID)	
Beneficiary Reference ID	16272769490308
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	17 Mar 2021 19 Apr 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011 4121Z047
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 41818527597

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Sharashchandra
Age / ವಯಸ್ಸು 41
Gender / ಲಿಂಗ Male
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXXX3721
Unique Health ID (UHID) 16272829601903
Beneficiary Reference ID Fully Vaccinated (2 Doses) and a Precaution Dose
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2 Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 24 Feb 2021 26 Mar 2021 22 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121Z016 4121Z016 4122Z40
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Zaremma
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ PHC GHODAMPALLI CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಾಪಕ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 47506557314

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dr Siddana Goud R
Age / ವಯಸ್ಸು	41
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX0549
Unique Health ID (UHID)	
Beneficiary Reference ID	16274326398735
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVAXIN	
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, inactivated virus	
Manufacturer / ತಯಾರಕರು	Bharat Biotech	
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	20 Mar 2021	15 May 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	37F21012A	37F21046A
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	SUDHA	
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD COVAXIN, Bidar, Karnataka	



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

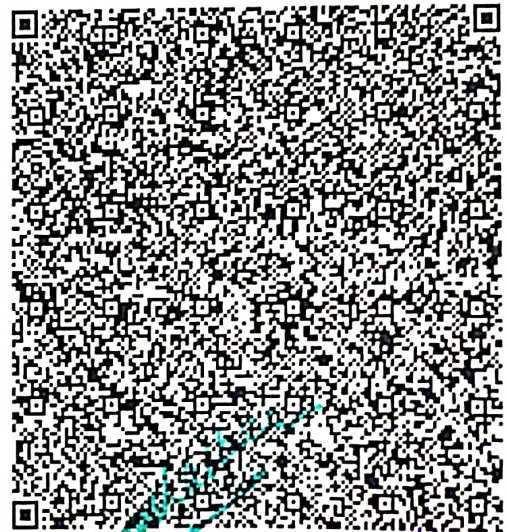
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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
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Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 68553568865

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు

surendar nandikonda

Age / వయస్సు

43

Gender / లింగం

Male

ID Verified / ఐడి ధృవీకరించబడింది

Aadhaar # XXXXXXXX8333

Unique Health ID (UHID)

40-4023-6785-2613

Beneficiary Reference ID

32610175579301

Vaccination Status / టీకా స్టేటస్

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / టీకా పేరు

COVISHIELD

Vaccine Type / టీకా రకం

COVID-19 vaccine, non-replicating viral vector

Manufacturer / తయారీదారు

Serum Institute of India Pvt. Ltd.

Dose Number / మోతాదు సంఖ్య

1/2

2/2

Precaution dose

Date of Dose / మోతాదు తేదీ

22 Feb 2021

02 Apr 2021

05 Feb 2022

Batch Number / బ్యాచ్ నంబరు

4121Z023

4121Z023

4121Z279

Vaccinated By / టీకాలు వేయించినవారు

D Sujatha

Vaccination At / టీకాలు వేసిన చోటు

WU-28-03, Warangal(Urban), Telangana



“టీకాతో పాటు పత్యం
కూడా చెయ్యాలి”

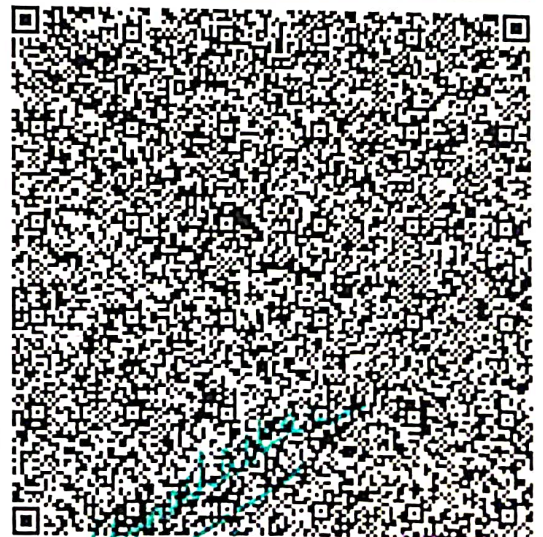
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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్ ను సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Certificate ID 49044485942

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Dr Suresh Kumar

Age / ವಯಸ್ಸು

45

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX1021

Unique Health ID (UHID)

16272629349211

Beneficiary Reference ID

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Precaution dose

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

17 Mar 2021

22 Apr 2021

22 Jan 2022

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z052

4121Z052

412Z240

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Raichal

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

UPHC NAUBAD CVC, Bidar, Karnataka



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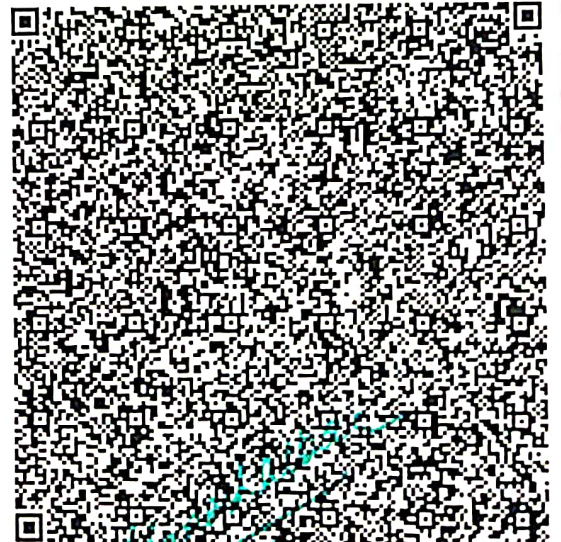
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Syed Mubeen Mohiuddin Hussaini
Age / ವಯಸ್ಸು 28
Gender / ಲಿಂಗ Male
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX9326
Unique Health ID (UHID) 16267619944776
Beneficiary Reference ID

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of 1st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ 20 Mar 2021 (Batch no. 4120Z011)
Date of 2nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ 20 Jun 2021 (Batch no. 4121Z097)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Vidyavathi
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ TARFILE UFWC, Gulbarga, Karnataka



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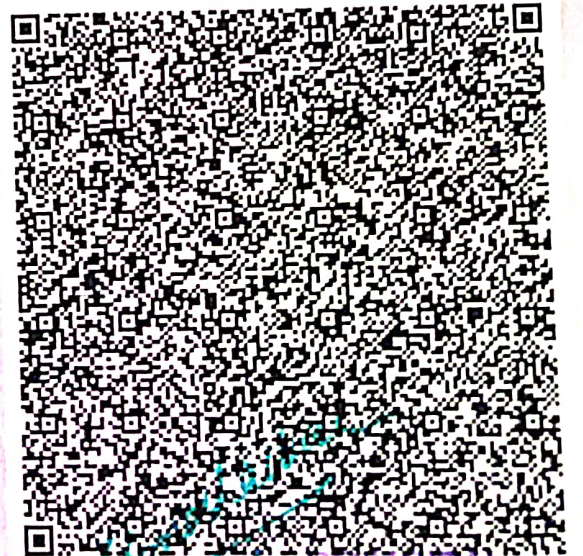
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Certificate ID 16505004354

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు **ajaymohan**
 Age / వయస్సు **36**
 Gender / లింగం **Male**
 ID Verified / ఐడి ధృవీకరించబడింది **Passbook # 62333412256**
 Unique Health ID (UHID) **32581135761235**
 Beneficiary Reference ID **Fully Vaccinated (2 Doses) and a Precaution Dose**
 Vaccination Status / టీకా స్టేటస్

Vaccination Details

Vaccine Name / టీకా పేరు **COVAXIN**
 Vaccine Type / టీకా రకం **COVID-19 vaccine, inactivated virus**
 Manufacturer / తయారీదారు **Bharat Biotech, India**
 Dose Number / మోతాదు సంఖ్య **1/2** **2/2** **Precaution dose**
 Date of Dose / మోతాదు తేదీ **26 Feb 2021** **06 Apr 2021** **18 Jan 2022**
 Batch Number / బ్యాచ్ నంబరు **37G20008A** **37G21003A** **37H21145A**
 Vaccinated By / టీకాలు వేయించినవారు **N Malleshwari**
 Vaccination At / టీకాలు వేసిన చోటు **Mailardevpally PHC CVC One, Rangareddy,**
Telangana



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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్కు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Certificate ID 20259347285

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Thotapalli Suman
Age / వయస్సు	40
Gender / లింగం	Male
ID Verified / ఐడి ధృవీకరించబడింది	Passport # V3778959
Unique Health ID (UHID)	41-7570-6274-3089
Beneficiary Reference ID	32581326595463
Vaccination Status / టీకా స్టేటస్	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD		
Vaccine Type / టీకా రకం	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / తయారీదారు	Serum Institute of India Pvt. Ltd.		
Dose Number / మోతాదు సంఖ్య	1/2	2/2	Precaution dose
Date of Dose / మోతాదు తేదీ	10 Mar 2021	27 Apr 2021	23 Apr 2022
Batch Number / బ్యాచ్ నంబరు	4121Z014	4121Z057	4121P216
Vaccinated By / టీకాలు వేయించినవారు	Bhoolaxmi		
Vaccination At / టీకాలు వేసిన చోటు	MS Apollo Site-2, Hyderabad, Telangana		



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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్లు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Certificate ID 54641924526

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dr Vaishnavi Telang
Age / ವಯಸ್ಸು	24
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX6959
Unique Health ID (UHID)	
Beneficiary Reference ID	16272571530447
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	12 May 2021 17 Aug 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z068 4121MC053
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲವೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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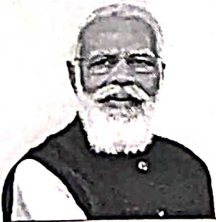
Certificate ID 58876482973

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dr Veena Saraf
Age / ವಯಸ್ಸು	41
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX6016
Unique Health ID (UHID)	
Beneficiary Reference ID	16267946097634
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-03-19 2021-07-01
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011 4121Z111
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Nirmala
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	St John WORK PLACE, Gulbarga, Karnataka



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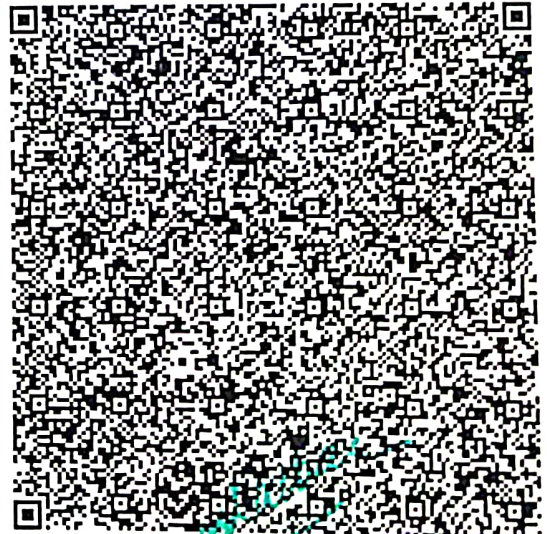
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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S.B. Patil
Principal
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

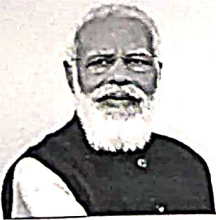
Certificate ID 35658730005

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VIVEK GURUSHANT CHITTE
Age / वय	33
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXX9626
Unique Health ID (UHID)	55-2216-6860-3117
Beneficiary Reference ID	21375802668723
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Vaccine Type / लस प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-04-25 2021-10-29
Batch Number / बॅच क्रमांक	4121Z052 4121MF017
Vaccinated By / यांच्याद्वारे लसीकरण	Kadganchi M R
Vaccination At / लसीकरणाचे स्थळ	SC Kumbhari Valsang SS, Solapur, Maharashtra



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

- पंतप्रधान श्री. नरेंद्र मोदी

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

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Certificate for COVID-19 Vaccination

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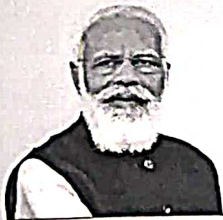
Certificate ID 78503308751

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Zubiya Nazneen Jameel Patel
Age / ವಯಸ್ಸು 28
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX5210
Unique Health ID (UHID) 16272240969801
Beneficiary Reference ID Fully Vaccinated (2 Doses) and a Precaution Dose
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2 Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 09 Mar 2021 24 Aug 2021 11 Jul 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4120Z011 4121Z169 4121AA098M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Prema
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ BIDAR DH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 63309148834

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Ruhi Mohsin

Age / ವಯಸ್ಸು

25

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXXX7815

Unique Health ID (UHID)

32581664242492

Beneficiary Reference ID

Fully Vaccinated (2 Doses)

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

2021-06-26

2021-12-18

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z107

4121AA035M

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

RESHMAWATI

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

UPHC KUMBARWADA CVC, Bidar, Karnataka



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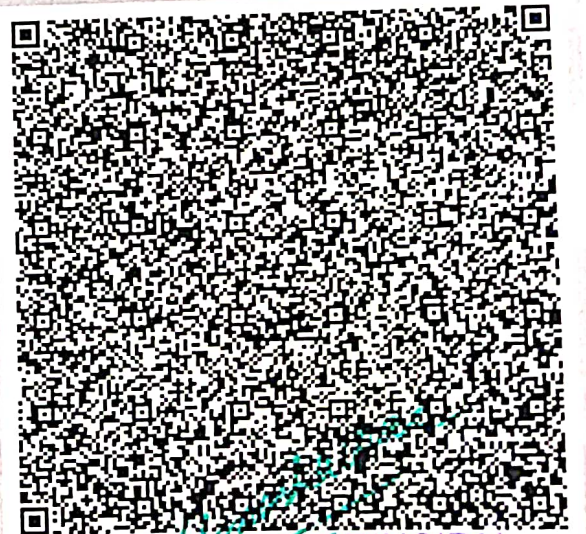
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಠರೋಧಕರ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 16467359440

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Dr Sapnil
Age / ವಯಸ್ಸು 35
Gender / ಲಿಂಗ Male
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX8447
Unique Health ID (UHID) 16267167894817
Beneficiary Reference ID Fully Vaccinated (2 Doses)
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVAXIN
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, inactivated virus
Manufacturer / ತಯಾರಕರು Bharat Biotech
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 23 Apr 2021 27 May 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 37F21032A 37F21053A
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Naresh Kumar
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ ESIC MEDICAL COLLEGE2, Gulbarga,
Karnataka



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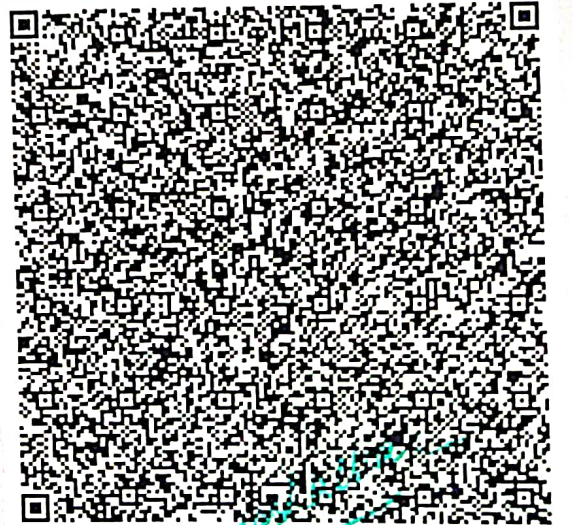
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 18961508295

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dr Rutika Naik
Age / ವಯಸ್ಸು	35
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX6683
Unique Health ID (UHID)	
Beneficiary Reference ID	16272940847754
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	24 Feb 2021	17 Apr 2021	17 Feb 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z047	4121Z047	4121Z273
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka		



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

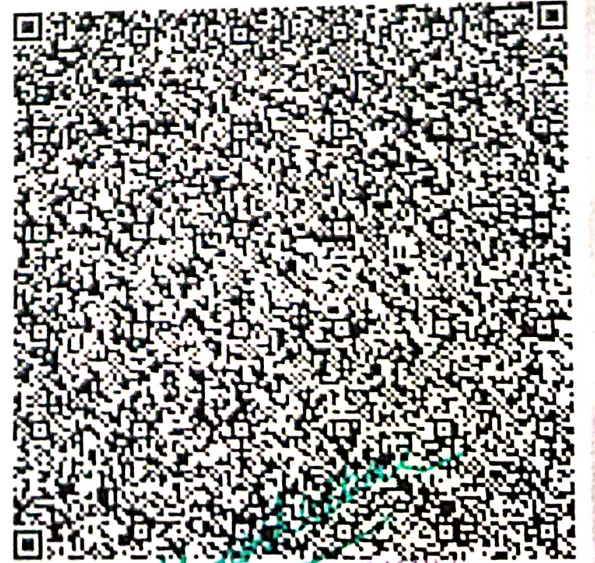
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ಯಾವುದೇ ಅನುಭವಿಕಾಂಕ್ಷಿತ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 43106725439

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Dramarnath
Age / ವಯಸ್ಸು	38
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX5427
Unique Health ID (UHID)	
Beneficiary Reference ID	16272181491081
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	24 Feb 2021	26 Mar 2021	23 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z016	4121Z016	412Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka		



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ 1075
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Supriya Kalekar
Age / ವಯಸ್ಸು 29
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX9793
Unique Health ID (UHID) 16272507359126
Beneficiary Reference ID

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 19 Apr 2021 (Batch no. 4121Z047)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ UPHC NAUBAD CVC, Bidar, Karnataka



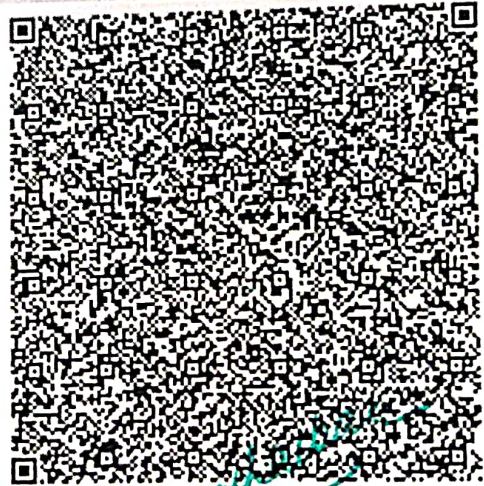
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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
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ಯಾವುದೇ ಅನುಭವಿಸಿದರೆ: ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ರಿಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯಕಾಲಿನ್ ನಂ. 1075
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Certificate ID 59424820480

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Lubna Fatima
Age / ವಯಸ್ಸು	27
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX1919
Unique Health ID (UHID)	
Beneficiary Reference ID	16272499912052
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD	
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.	
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	15 Dec 2021	18 Apr 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z240	4121AA098M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	kedar	
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	PHC THANA KUSHANOR CVC, Bidar, Karnataka	



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/
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ಯಾವುದೇ ಅಧಃಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ 1075
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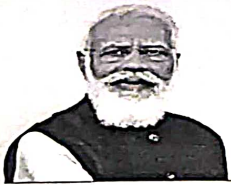
Certificate ID 67934449714

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Saba Khanam
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX8552
Unique Health ID (UHID)	
Beneficiary Reference ID	16272656294636
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	22 Jul 2021 04 Nov 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC021 4121AA021M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination At / ಲಸಿಕೆ ಹಾರಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



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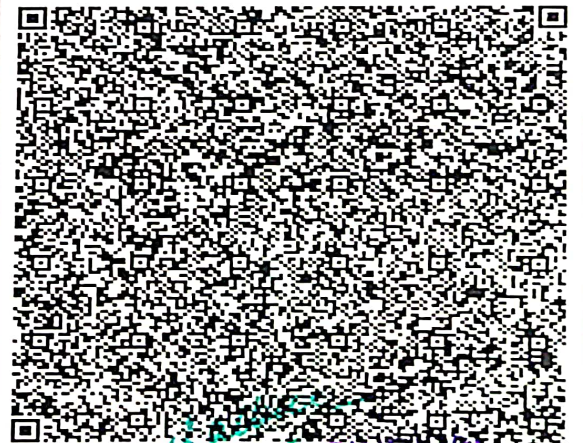
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Jameela Iram Fatima
Age / ವಯಸ್ಸು	23
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX7903
Unique Health ID (UHID)	28-1806-4027-4765
Beneficiary Reference ID	16272294633874

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	07 Jul 2021 (Batch no. 4121Z108)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	13 Oct 2021 (Batch no. 4121Z007M)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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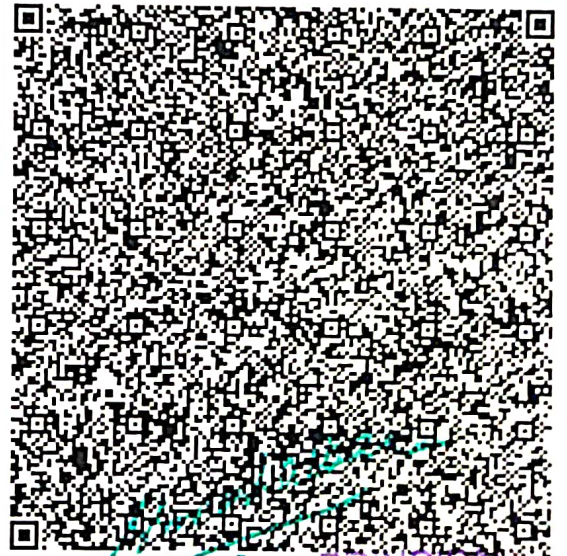
- ಪ್ರಧಾನಮಂತ್ರಿ, ನರೇಂದ್ರ ಮೋದಿ

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Principal
Dental Science & Research
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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Sada Fatima Afsheen
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX9440
Unique Health ID (UHID)	
Beneficiary Reference ID	16272532844183

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	07 Jul 2021 (Batch no. 4121Z108)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	29 Oct 2021 (Batch no. 4121AA021M)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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Certificate ID 63196121432

Beneficiary Details

Beneficiary Name	Afeefa Rahmath
Age	23
Gender	Female
ID Verified	Aadhaar # XXXXXXXX5966
Unique Health ID (UHID)	
Beneficiary Reference ID	16272250866210
Vaccination Status	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name	COVISHIELD		
Vaccine Type	COVID-19 vaccine, non-replicating viral vector		
Manufacturer	Serum Institute of India Pvt. Ltd.		
Dose Number	1/2	2/2	Precaution dose
Date of Dose	30 Mar 2021	30 Jun 2021	07 Jul 2022
Batch Number	4121Z021	412Z111	4121AA098M
Vaccinated By	Prema		
Vaccination At	BIDAR DH CVC		



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- Prime Minister Narendra Modi

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು **Gouri Hugar**
Age / ವಯಸ್ಸು **22**
Gender / ಲಿಂಗ **Female**
ID Verified / ಐ.ಡಿ. ಗುರುತು **Aadhaar # XXXXXXXX1760**
Unique Health ID (UHID)
Beneficiary Reference ID **16272393193836**

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು **COVISHIELD**
Date of 1st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ **06 Mar 2021 (Batch no. 4120Z011)**
Date of 2nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ **07 Apr 2021 (Batch no. 4121Z026)**
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು **Anita**
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ **100 BEDDED MH CVC, Bidar, Karnataka**



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲೋಪ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Arshiya Tabassum
Age / ವಯಸ್ಸು	23
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX4949
Unique Health ID (UHID)	
Beneficiary Reference ID	16272960797196

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	07 Jul 2021 (Batch no. 4121Z108)
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ	Between 29 Sep 2021 and 27 Oct 2021
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



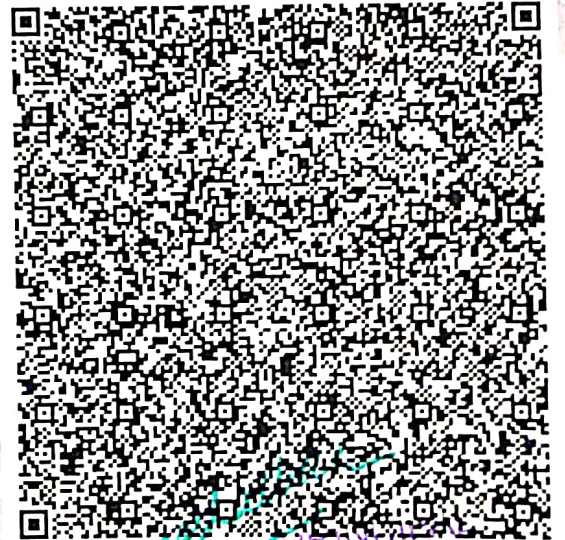
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / అబ్బిదారుని పేరు

Naveela Honey Priya

Age / వయస్సు

23

Gender / లింగం

Female

ID Verified / ఐడి ధృవీకరించబడింది

Aadhaar # XXXXXXXXX5837

Unique Health ID (UHID)

Beneficiary Reference ID

16272461138137

Vaccination Details

Vaccine Name / టీకా పేరు

COVISHIELD

Date of 1st Dose / మొదటి మోతాదు తేదీ

06 Mar 2021 (Batch no. 4120Z011)

Date of 2nd Dose / రెండవ మోతాదు తేదీ

19 Apr 2021 (Batch no. 4121Z023)

Vaccinated by / టీకాలు వేయించినవారు

Archana

Vaccination at / టీకాలు వేసిన చోటు

Warangal Hospital, Warangal(Urban),

Telangana



“టీకాతో పాటు పత్యం
కూడా చెయ్యాలి

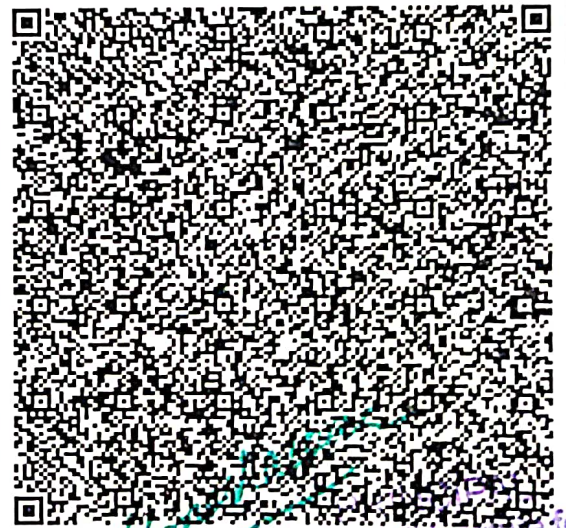
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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్ ను సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / లబ్ధిదారుని పేరు	Naveela Honey Priya
Age / వయస్సు	23
Gender / లింగం	Female
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX5837
Unique Health ID (UHID)	
Beneficiary Reference ID	16272461138137

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD
Date of 1 st Dose / మొదటి మోతాదు తేదీ	06 Mar 2021 (Batch no. 4120Z011)
Date of 2 nd Dose / రెండవ మోతాదు తేదీ	19 Apr 2021 (Batch no. 4121Z023)
Vaccinated by / టీకాలు వేయించినవారు	Archana
Vaccination at / టీకాలు వేసిన చోటు	Warangal Hospital, Warangal(Urban), Telangana



“టీకాతో పాటు పత్యం
కూడా చెయ్యాలి

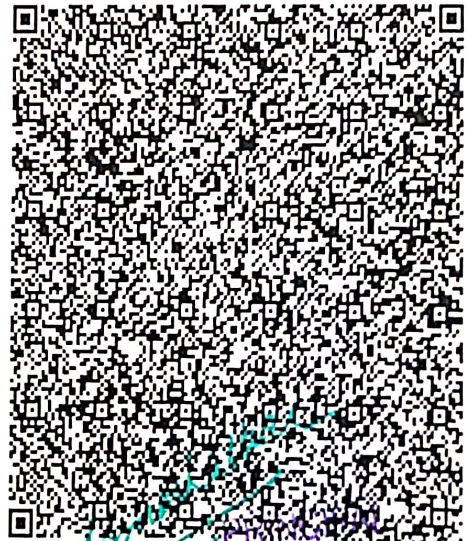
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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్ ను సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು **Kiran Sarjerao Chavan**
Age / ವಯಸ್ಸು **22**
Gender / ಲಿಂಗ **Female**
ID Verified / ಐ.ಡಿ. ಗುರುತು **Aadhaar # XXXXXXXX8673**
Unique Health ID (UHID) **16272274595388**
Beneficiary Reference ID

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು **COVISHIELD**
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ **06 Mar 2021 (Batch no. 4120Z011)**
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ **Between 29 May 2021 and 26 Jun 2021**
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು **Umesh**
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ **BIDAR DH CVC, Bidar, Karnataka**



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

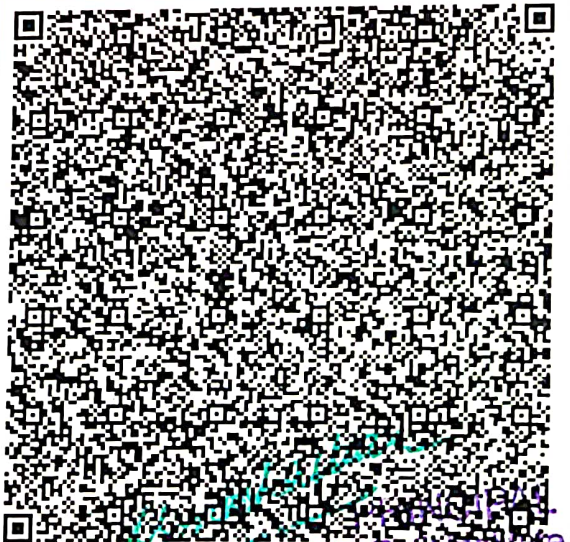
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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಷಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು **Kiran Sarjerao Chavan**
Age / ವಯಸ್ಸು **22**
Gender / ಲಿಂಗ **Female**
ID Verified / ಐ.ಡಿ. ಗುರುತು **Aadhaar # XXXXXXXX8673**
Unique Health ID (UHID)
Beneficiary Reference ID **16272274595388**

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು **COVISHIELD**
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ **06 Mar 2021 (Batch no. 4120Z011)**
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ **Between 29 May 2021 and 26 Jun 2021**
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು **Umesh**
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ **BIDAR DH CVC, Bidar, Karnataka**



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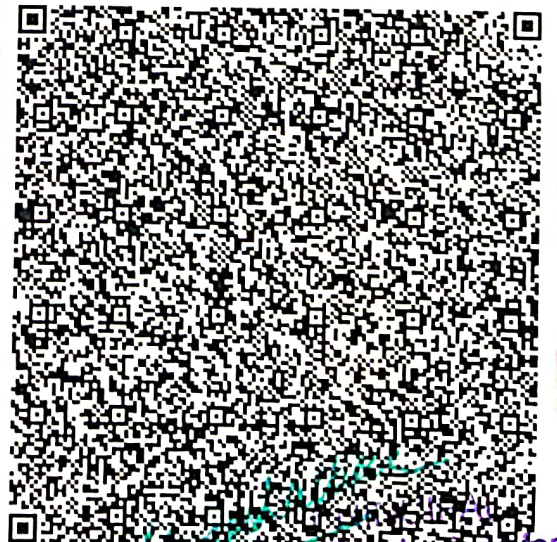
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
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Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Naveela Honey Priya
Age / వయస్సు	23
Gender / లింగం	Female
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX5837
Unique Health ID (UHID)	
Beneficiary Reference ID	16272461138137

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD
Date of 1 st Dose / మొదటి మోతాదు తేదీ	06 Mar 2021 (Batch no. 4120Z011)
Date of 2 nd Dose / రెండవ మోతాదు తేదీ	19 Apr 2021 (Batch no. 4121Z023)
Vaccinated by / టీకాలు వేయించినవారు	Archana
Vaccination at / టీకాలు వేసిన చోటు	Warangal Hospital, Warangal(Urban), Telangana



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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్ ను సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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(16-04-2021)



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Certificate ID 98269645426

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Jante Padmja Devidas
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ರುರುತು	Aadhaar # XXXXXXXX2977
Unique Health ID (UHID)	
Beneficiary Reference ID	16272544848860
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	06 Mar 2021 24 Aug 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011 4121Z169
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 69403370493

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Chinta Rachana
Age / వయస్సు	22
Gender / లింగం	Female
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX0135
Uniqe Health ID (UHID)	
Beneficiary Reference ID	16272832998531
Vaccination Status / టీకా స్థితు	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD		
Vaccine Type / టీకా రకం	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / తయారీదారు	Serum Institute of India Pvt. Ltd.		
Dose Number / మోతాదు సంఖ్య	1/2	2/2	Precaution dose
Date of Dose / మోతాదు తేదీ	06 Mar 2021	10 Apr 2021	12 Jan 2022
Batch Number / బ్యాచ్ నంబరు	4120Z011	4120Z011	4121MF018
Vaccinated By / టీకాలు వేయించినవారు	Dr Mehnaz		
Vaccination At / టీకాలు వేసిన చోటు	Ward A Ameenpur, Sangareddy, Telangana		



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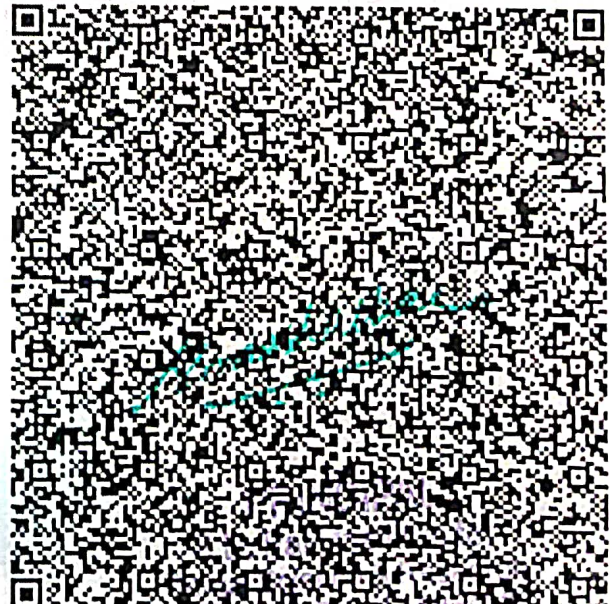
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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్కు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Ministry of Health & Family Welfare
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Final year
8.1.9.4

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Yerramorusu Nikhitha
Age / వయస్సు	22
Gender / లింగం	Female
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXXX0154
Unique Health ID (UHID)	
Beneficiary Reference ID	16272774854128

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD
Date of Dose / మోతాదు తేదీ	26 Apr 2021 (Batch no. 4121Z052)
Vaccinated by / టీకాలు వేయించినవారు	M Sobharani
Vaccination at / టీకాలు వేసిన చోటు	Roja 1 EUPHC, Kurnool, Andhra Pradesh



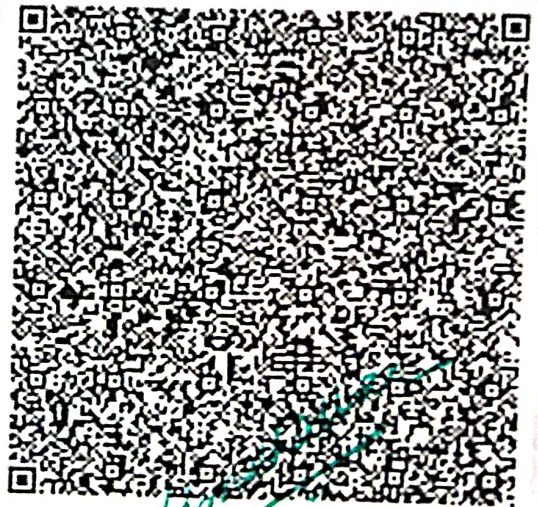
"టీకాతో పాటు పత్యం
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జిల్లా ఆమ్నైజేషన్ అధికారిని సంప్రదించండి / రాష్ట్ర హెల్ప్లైన్ నం. 1075

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Certificate ID 18968196553

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Marojun Krishna Tejasvi
Age / ವಯಸ್ಸು 21
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX6695
Unique Health ID (UHID)
Beneficiary Reference ID 16272710609168
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2 Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 06 Mar 2021 17 Apr 2021 24 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4120Z011 4121Z039 412Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Raichal
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ UPHC NAUBAD CVC, Bidar, Karnataka



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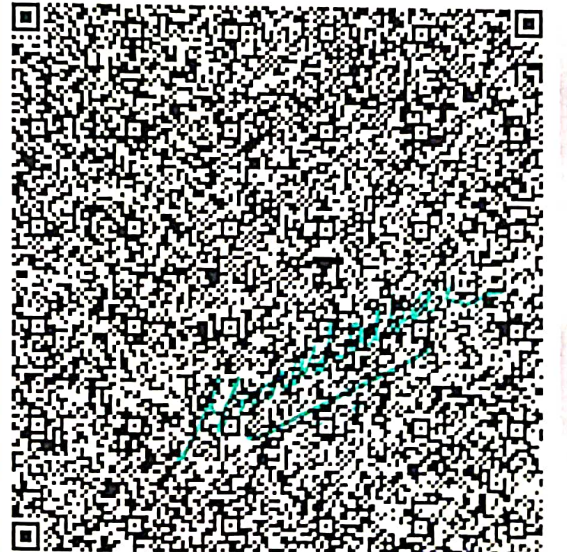
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ನಂ. 1075
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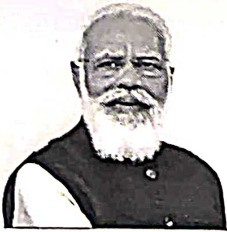
Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Shayema Ashfque
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX6903
Unique Health ID (UHID)	
Beneficiary Reference ID	16272672861511

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	27 Jul 2021 (Batch no. 4121MC029)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	04 Nov 2021 (Batch no. 4121AA021M)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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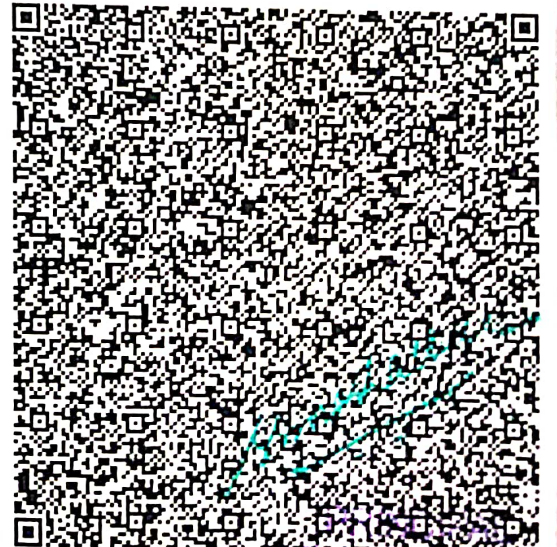
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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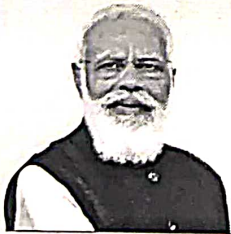
Certificate ID 94075200931

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Zoha Maheen Balg
Age / वय	21
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXX5063
Unique Health ID (UHID)	
Beneficiary Reference ID	21365666076315
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Vaccine Type / लस प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-07-23 2021-10-28
Batch Number / बॅच क्रमांक	4121MC034 4121Z011M
Vaccinated By / यांच्याद्वारे लसीकरण	Prajakta kuthe
Vaccination At / लसीकरणाचे स्थळ	MC G New Chopde Lawns, Nagpur, Maharashtra



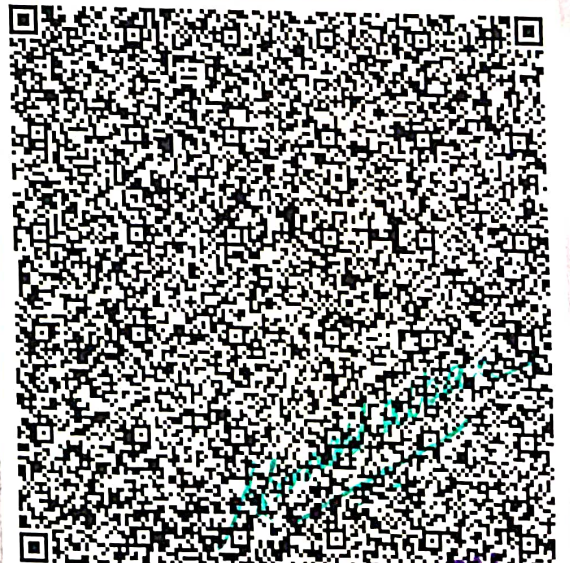
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
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- पंतप्रधान श्री. नरेंद्र मोदी

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

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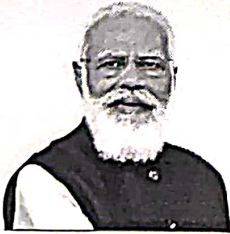
Certificate ID 73698485884

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Deepika
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX7305
Unique Health ID (UHID)	
Beneficiary Reference ID	16267323483169
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	01 May 2021 24 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z061 4121Z128
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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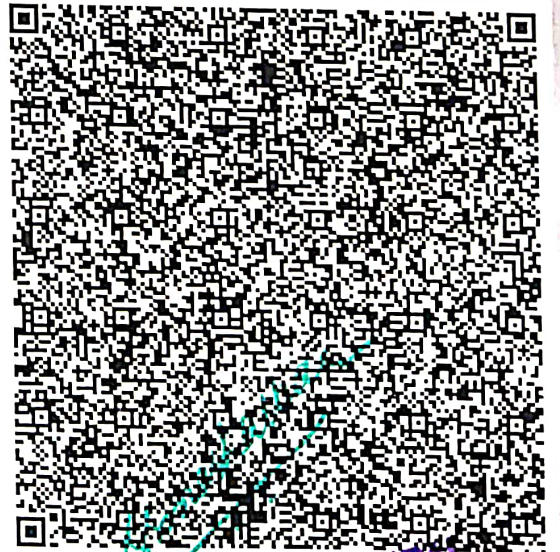
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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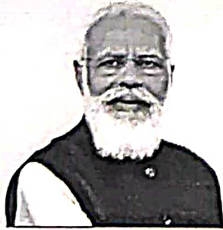
Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Saba Khansa
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX7822
Unique Health ID (UHID)	
Beneficiary Reference ID	16272625793648

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	08 Jul 2021 (Batch no. 4121Z108)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	11 Oct 2021 (Batch no. 4121MC088)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Sanjana Raga
Age / ವಯಸ್ಸು	23
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX9943
Unique Health ID (UHID)	
Beneficiary Reference ID	16272374463477
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	06 Mar 2021	08 Apr 2021	16 Feb 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011	4121Z026	4121Z273
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka		



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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Madeha Noorain
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX6022
Unique Health ID (UHID)	
Beneficiary Reference ID	16272732424130
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-07-25 2021-10-26
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z128 4121AA021M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಚುಪ್ಪುಪೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ನಂ. 1075
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Shwetha
Age / ವಯಸ್ಸು 22
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX1480
Unique Health ID (UHID)
Beneficiary Reference ID 16272498867979

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 10 Apr 2021 (Batch no. 4120Z011)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ UPHC NAUBAD CVC, Bidar, Karnataka



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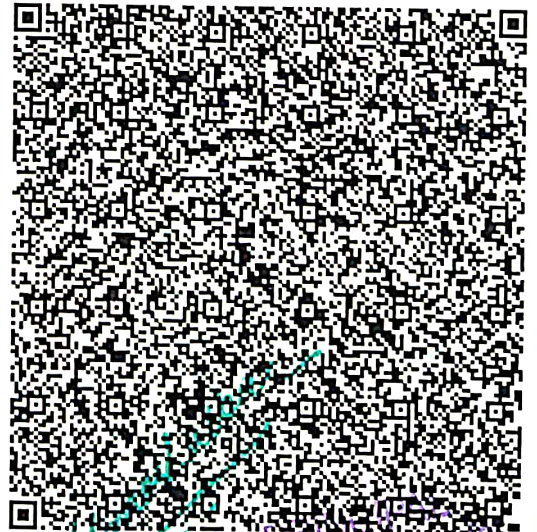
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 39904457461

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Akhita
Age / ವಯಸ್ಸು 23
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX5297
Unique Health ID (UHID)
Beneficiary Reference ID 16272322713533
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2 Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 08 Mar 2021 10 Apr 2021 17 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4120Z011 4120Z011 4121P265
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Raichal
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ UPHC NAUBAD CVC, Bidar, Karnataka



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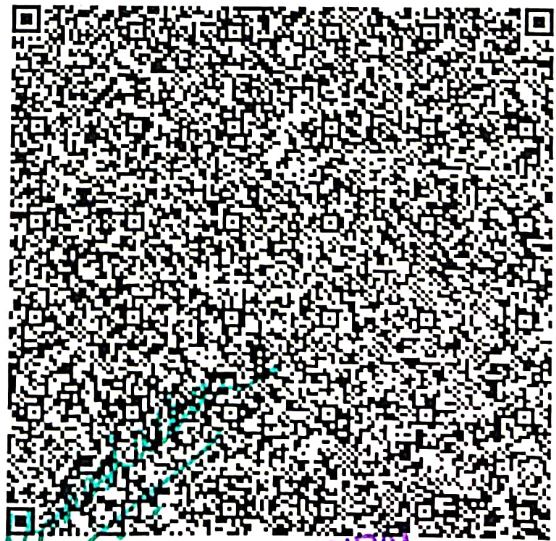
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಲ್ಕ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Kavya
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX7763
Unique Health ID (UHID)	
Beneficiary Reference ID	16272479700822
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	06 Mar 2021	24 Aug 2021	22 Jun 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4120Z011	4121Z169	4121AA098M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Prema		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka		



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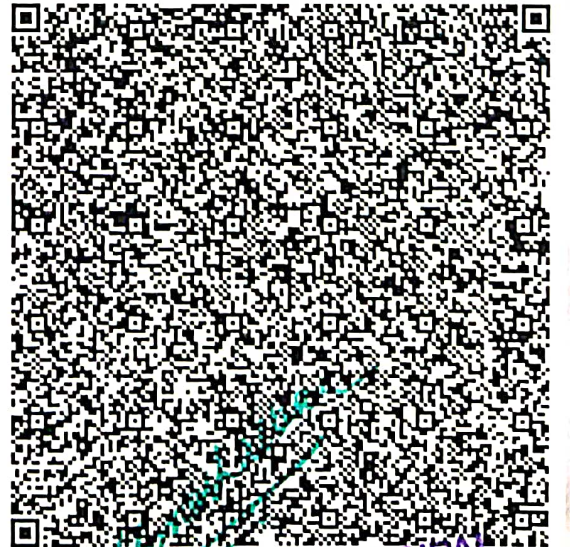
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
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Certificate for COVID-19 Vaccination

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Certificate ID 75242602575

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು **Varsha Sharnappa**
Age / ವಯಸ್ಸು **21**
Gender / ಲಿಂಗ **Female**
ID Verified / ಐ.ಡಿ. ಗುರುತು **Voter ID # NDM1249499**
Unique Health ID (UHID)
Beneficiary Reference ID **16272190138440**
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ **Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು **COVISHIELD**
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ **COVID-19 vaccine, non-replicating viral vector**
Manufacturer / ತಯಾರಕರು **Serum Institute of India Pvt. Ltd.**
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ **1/2** **2/2** **Precaution dose**
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ **10 Mar 2021** **24 Aug 2021** **11 Jul 2022**
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ **4120Z011** **4121Z169** **4121AA098M**
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು **Prema**
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ **BIDAR DH CVC, Bidar, Karnataka**



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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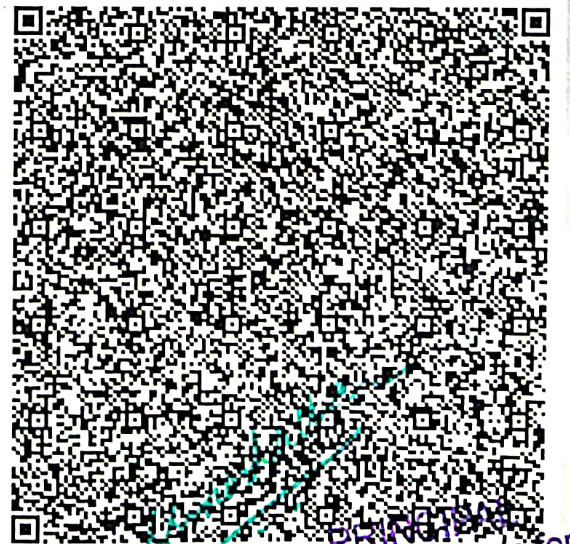
- ಪ್ರಧಾನಮಂತ್ರಿ, ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 23841569112

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Patlolla Anupama Reddy
Age / వయస్సు	22
Gender / లింగం	Female
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX2553
Unique Health ID (UHID)	
Beneficiary Reference ID	16272750955890
Vaccination Status / టీకా స్టేటస్	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD		
Vaccine Type / టీకా రకం	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / తయారీదారు	Serum Institute of India Pvt. Ltd.		
Dose Number / మోతాదు సంఖ్య	1/2	2/2	Precaution dose
Date of Dose / మోతాదు తేదీ	06 Mar 2021	24 Jul 2021	16 Jun 2022
Batch Number / బ్యాచ్ నంబరు	4120Z011	4121MC035	4121Z261
Vaccinated By / టీకాలు వేయించినవారు	Vasantha Jothi		
Vaccination At / టీకాలు వేసిన చోటు	Pulkal PHC, Sangareddy, Telangana		



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కూడా చెయ్యాలి

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జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్కు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Pooja
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX2122
Unique Health ID (UHID)	
Beneficiary Reference ID	16272179984376

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	10 Apr 2021 (Batch no. 4120Z011)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

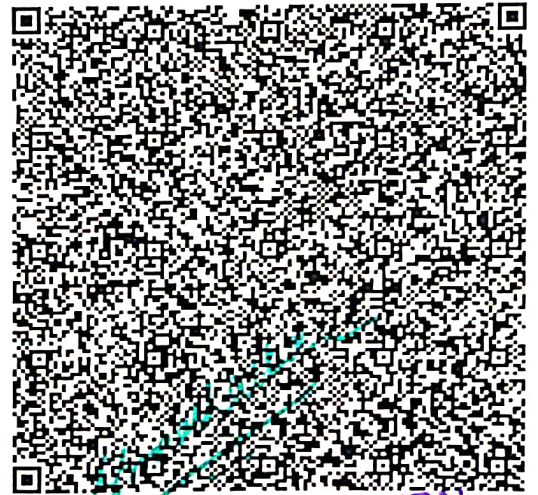
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕವೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Beneficiary Details

Beneficiary Name	Syeda Maimuna Quadri
Age	22
Gender	Female
ID Verified	Aadhaar # XXXXXXXX2568
Unique Health ID (UHID)	
Beneficiary Reference ID	16272628178560

Vaccination Details

Vaccine Name	COVISHIELD
Date of 1 st Dose	31 May 2021 (Batch no. 4121Z079)
Date of 2 nd Dose	03 Sep 2021 (Batch no. 4121MC070)
Vaccinated by	Ameera
Vaccination at	PHC TALMADGI CVC



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- Prime Minister Narendra Modi

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Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Afshannoorain
Age / ವಯಸ್ಸು	24
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX5857
Unique Health ID (UHID)	
Beneficiary Reference ID	16272782958983

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	22 Jul 2021 (Batch no. 4121MC021)
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ	Between 14 Oct 2021 and 11 Nov 2021
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Dr Praveen
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	PHC Dawargaon WP, Bidar, Karnataka



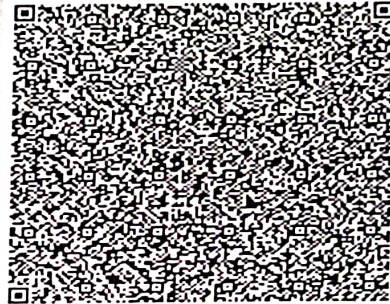
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ ರಾಜ್ಯ ಸಹಾಯಕರ ಸಂ. 1075
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Certificate ID 47968459493

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Shivratna
Age / ವಯಸ್ಸು	23
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX2333
Unique Health ID (UHID)	
Beneficiary Reference ID	16272680384552
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	20 Apr 2021 20 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC021 4121MC021
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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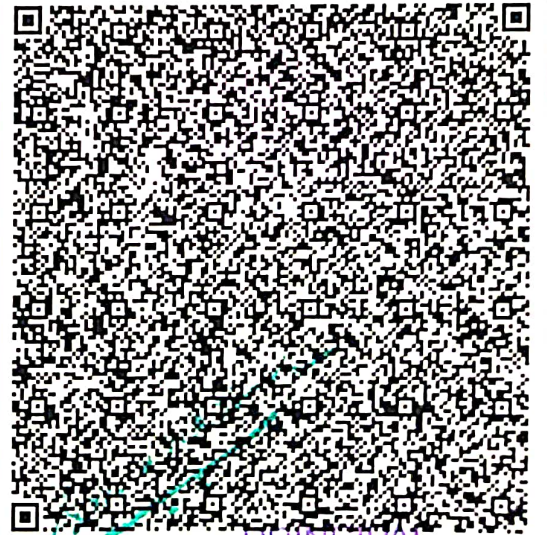
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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Aliya
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX2043
Unique Health ID (UHID)	
Beneficiary Reference ID	16272783264948

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	10 Apr 2021 (Batch no. 4120Z011)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Beneficiary Details

Beneficiary Name / ಪಲ್ಲಾನುಭವಿಯ ಹೆಸರು Shrushti
Age / ವಯಸ್ಸು 22
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX0057
Unique Health ID (UHID)
Beneficiary Reference ID 16272607487895

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of 1st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ 06 Mar 2021 (Batch no. 4120Z011)
Date of 2nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ 02 May 2021 (Batch no. 4121Z061)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Nisha
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ Aurad GH CVC, Bidar, Karnataka



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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mobina
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX5683
Unique Health ID (UHID)	
Beneficiary Reference ID	16272186877351

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	10 Apr 2021 (Batch no. 4120Z011)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Raichal
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD CVC, Bidar, Karnataka



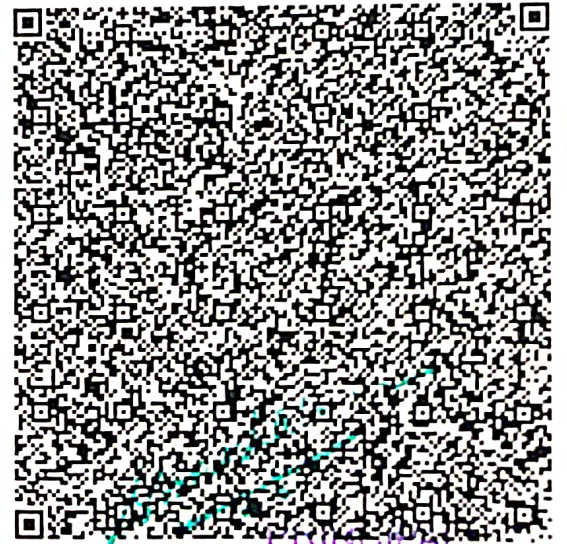
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In case of any adverse events, kindly contact the nearest Public Health Center/
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ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 58263095719

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Almas Afreeen
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ರುಜುತು	Aadhaar # XXXXXXXX2816
Uniqe Health ID (UHID)	
Beneficiary Reference ID	16285317509465
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	19 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z111
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	shardha
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC Yadgir workplace, Yadgir, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

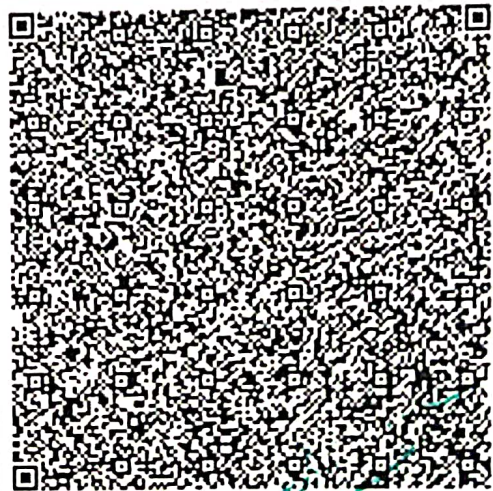
Together, India will defeat
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 24416682907

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Kalyani
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX1885
Unique Health ID (UHID)	
Beneficiary Reference ID	16272682805226
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVAXIN
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, inactivated virus
Manufacturer / ತಯಾರಕರು	Bharat Biotech, India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	19 Jul 2021 16 Oct 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	37F21078A 37F21133A
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Sudhakar
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BHALKI GH COVAXIN, Bidar, Karnataka



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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಟುಂಬ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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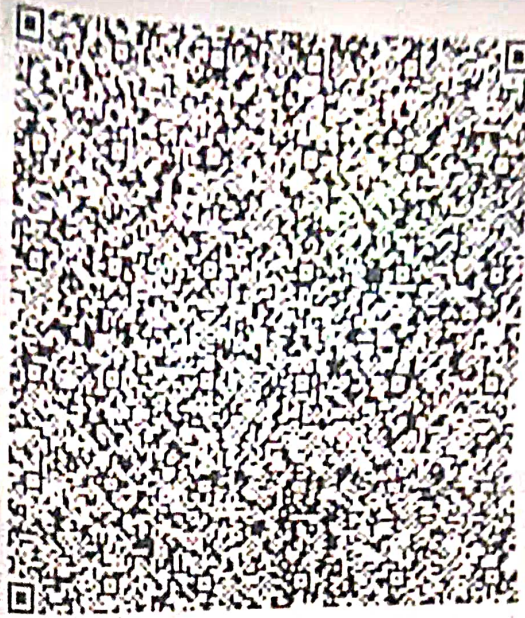
This certificate can be verified by scanning the QR code.

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Provisional Certificate
for COVID-19 Vaccination
(1st Dose)



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम
Ranjana Baswaraj Patil

Age / उम्र
21

Gender / लिंग
Female

ID Verified / पहचान पर सत्यापित
आधार ID # XXXXXXXX0227

Beneficiary Reference ID
21983272368427

Residing at / पता
NA

Vaccination Details

Vaccine Name / वैक्सीन का नाम
COVISHIELD

Date of Dose / खुराक की तारीख
18 Mar 2021 (Batch no. 4121Z020)

Next Due Date / अगली नियत तिथि
after 28 days

Vaccinated by / टीका लगाने वाले का नाम
Ashok Rathod

Vaccination at / टीकाकरण का स्थान
Indumati Hospital, Lotus

“ दवाई भी और कड़ाई भी।
Together, India will defeat COVID-19 ”
- Prime Minister



In case of any adverse events, kindly contact the nearest PHS Health Centre/Community Worker/ District Immunization Officer, 24x7 Helpline No. 1075

टीकाकरण परिसर / किसी भी प्रकार के दुर्घटनाओं के मामले में कृपया最近的 PHS Health Centre/Community Worker/ District Immunization Officer को 24x7 हेल्पलाइन नंबर 1075 पर संपर्क करें

(Signature)

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(Karnataka)

Third year 8.1.9.4



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Certificate ID 38687254001

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Eidli Hanumanthappa
Age / ವಯಸ್ಸು	19
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	PAN Card # AEYPE5208C
Unique Health ID (UHID)	
Beneficiary Reference ID	17869006223500
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	22 Jul 2021 02 Nov 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC021 4121AA021M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



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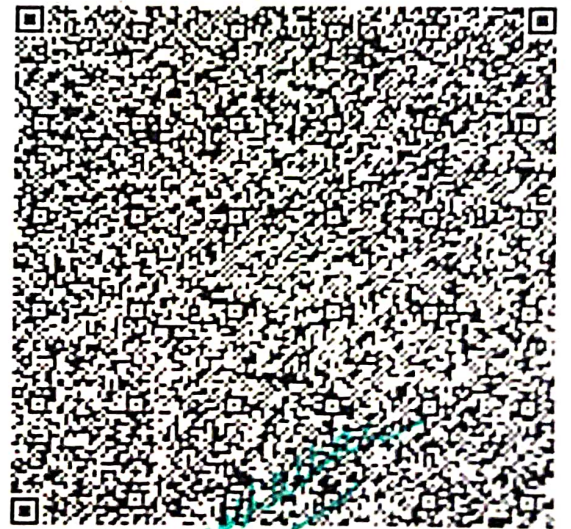
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲವಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate for COVID-19 Vaccination

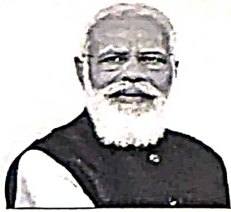
Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Khadija Uqreen
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX0584
Unique Health ID (UHID)	
Beneficiary Reference ID	16272385698168

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	30 Jul 2021 (Batch no. 4121MC037)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	29 Oct 2021 (Batch no. 4121AA021M)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	RESHMAWATI
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC KUMBARWADA CVC, Bidar, Karnataka



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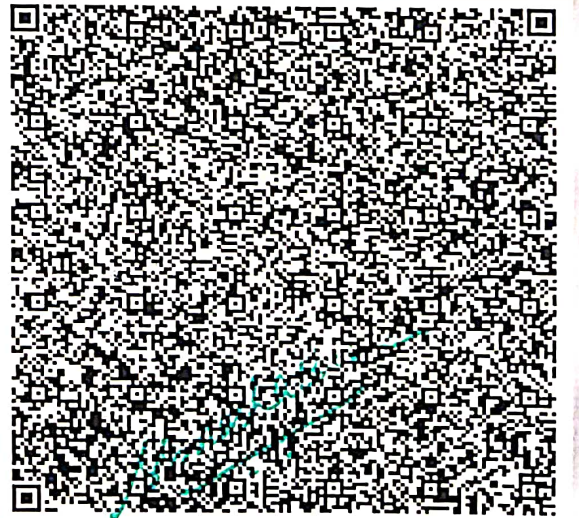
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 69163841520

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Fatimazoyamariam
Age / ವಯಸ್ಸು	23
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX5851
Unique Health ID (UHID)	
Beneficiary Reference ID	16272559974869
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-07-29 2021-12-08
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC037 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Shashikala
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDRI COLONY CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

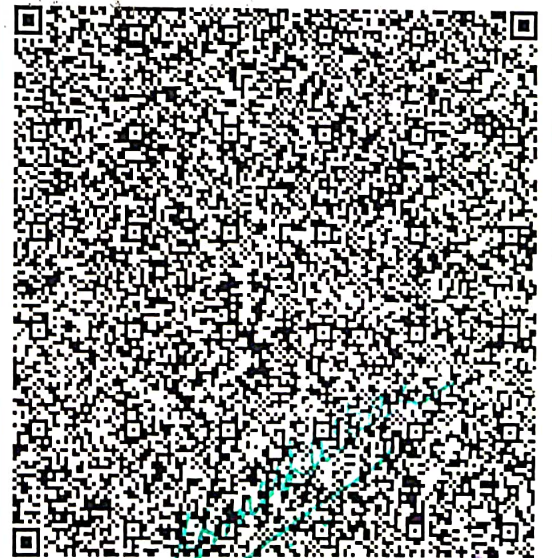
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Syeda Taheera Mohammedi
Age / ವಯಸ್ಸು 20
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXXX9941
Unique Health ID (UHID)
Beneficiary Reference ID 16272205854170

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of 1st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ 01 Aug 2021 (Batch no. 4121MC039)
Date of 2nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ 26 Oct 2021 (Batch no. 4121AA032M)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Pallavi
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ PHC WADAGAON D CVC, Bidar,
Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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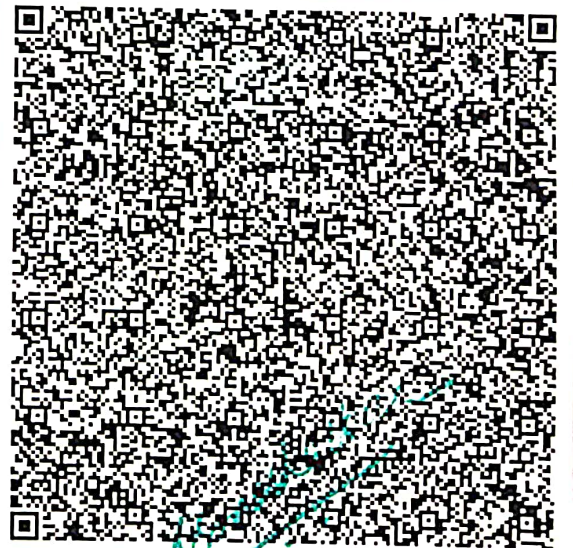
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Sai Kiran
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX4577
Unique Health ID (UHID)	
Beneficiary Reference ID	16272109840246

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	19 May 2021 (Batch no. 4121Z068)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	14 Aug 2021 (Batch no. 4121Z162)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat
COVID-19”

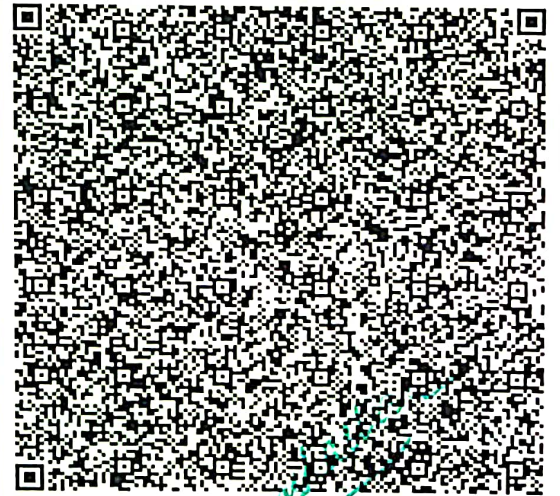
- ಪ್ರಧಾನಮಂತ್ರಿ, ನರೇಂದ್ರ ಮೋದಿ

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

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
ಸಂಪರ್ಕಿಸಿ

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<http://verify.covin.gov.in>

PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
BIDAR-585402



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination


Partially Vaccinated : 1st Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mohammed-Kaif
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX5465
Unique Health ID (UHID)	
Beneficiary Reference ID	16272993197398

Vaccination Details

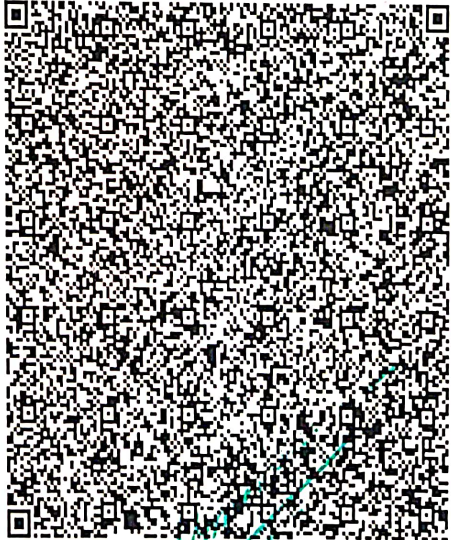
Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	22 Oct 2021 (Batch no. 4121P229)
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ	Between 14 Jan 2022 and 11 Feb 2022
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Shashikala
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDRI COLONY CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
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COVID-19”
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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S.B. Patil Institute for
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NAUBAD, BIDAR-585402
(Karnataka)



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव **Pallavi Prabhakar Navali**
Age / वय **21**
Gender / लिंग **Female**
ID Verified / ओळखपत्र **Aadhaar # XXXXXXXXX8959**
Unique Health ID (UHID)
Beneficiary Reference ID **28255423183020**

Vaccination Details

Vaccine Name / लसीचे नाव **COVISHIELD**
Date of Dose / डोसची तारीख **05 Jun 2021 (Batch no. 4121Z082)**
Next due date / पुढील देय तारीख **Between 28 Aug 2021 and 25 Sep 2021**
Vaccinated by / यांच्याद्वारे लसीकरण **Sita Jagtap**
Vaccination at / लसीकरणाचे स्थळ **SANE GURUJI AROGYA KENDRA, Pune,
Maharashtra**



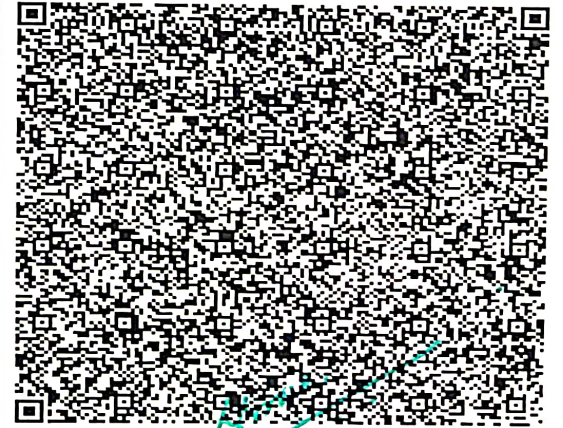
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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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.

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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 16801924478

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Rithika Majage
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX0336
Unique Health ID (UHID)	63-6035-7434-7881
Beneficiary Reference ID	16272561399916
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD		
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector		
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.		
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2	Precaution dose
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	30 Apr 2021	26 Jul 2021	10 Jul 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z056	4121Z128	4121AA098M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Prema		
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka		



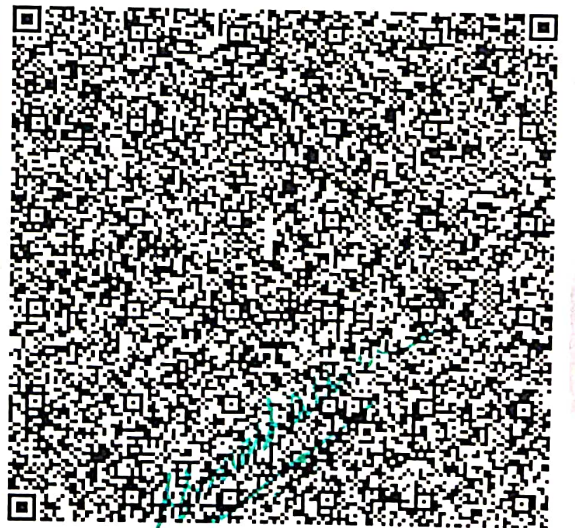
“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
Together, India will defeat
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 69445480002

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Arshiya Khanam
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX2319
Unique Health ID (UHID)	
Beneficiary Reference ID	16272458461874
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	25 Jul 2021 30 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z128 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Sachin kudre
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

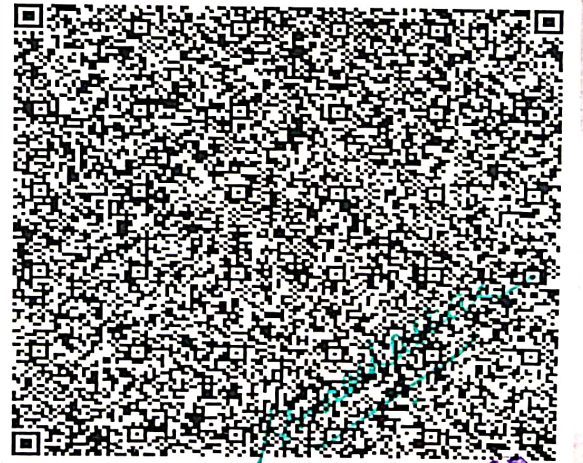
Together, India will defeat
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ನಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಚುಷ್ಕೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Government of India

Certificate for COVID-19 Vaccination

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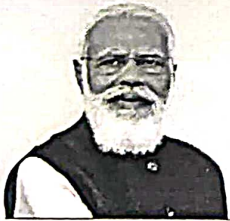
Certificate ID 20450085902

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Rahmathullah Mohammed
Age / వయస్సు	21
Gender / లింగం	Male
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX1081
Unique Health ID (UHID)	
Beneficiary Reference ID	31948789860290
Vaccination Status / టీకా స్థితి	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD
Vaccine Type / టీకా రకం	COVID-19 vaccine, non-replicating viral vector
Manufacturer / తయారీదారు	Serum Institute of India Pvt. Ltd.
Dose Number / మోతాదు సంఖ్య	1/2 2/2
Date of Dose / మోతాదు తేదీ	22 Jul 2021 12 Mar 2022
Batch Number / బ్యాచ్ నంబరు	4121Z124 4121Z279
Vaccinated By / టీకాలు వేయించినవారు	M Saroja
Vaccination At / టీకాలు వేసిన చోటు	Moulali UPHC, Medchal, Telangana



“టీకాతో పాటు పత్యం
కూడా చెయ్యాలి”

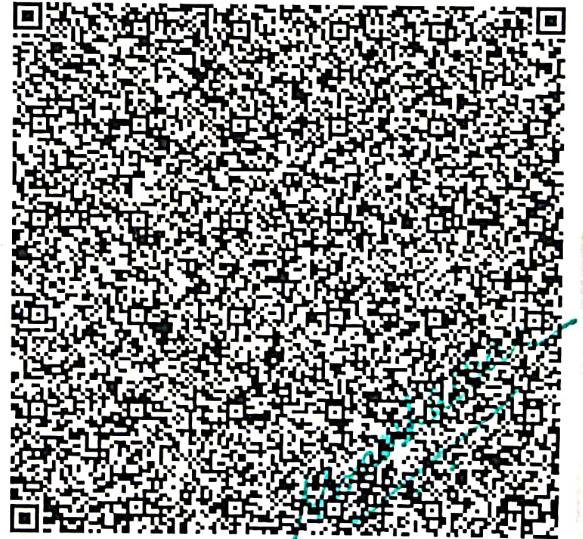
Together, India will defeat
COVID-19”

- ప్రధానమంత్రి నరేంద్ర మోదీ

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ఏదైనా ప్రతికూల సంఘటనలు జరిగితే, దయచేసి సమీప ప్రజారోగ్య కేంద్రం / హెల్త్ కేర్ వర్కర్ /
జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్కు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Ministry of Health & Family Welfare
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Certificate for COVID-19 Vaccination

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Certificate ID 89295977018

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Krishna Madival
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX2734
Unique Health ID (UHID)	65-4826-7721-0330
Beneficiary Reference ID	16272311291681
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-04-30 2021-07-25
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z056 4121Z128
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

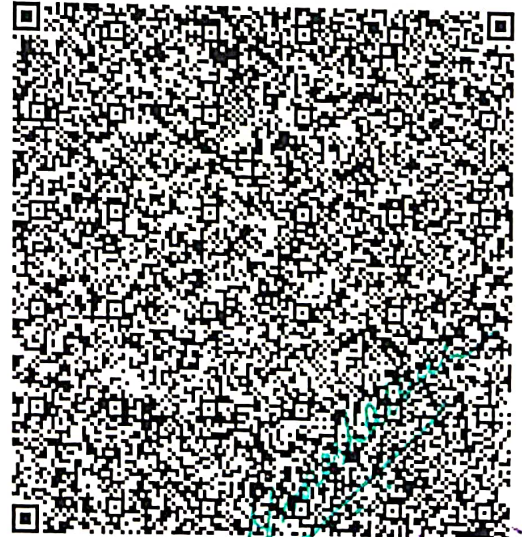
Together, India will defeat
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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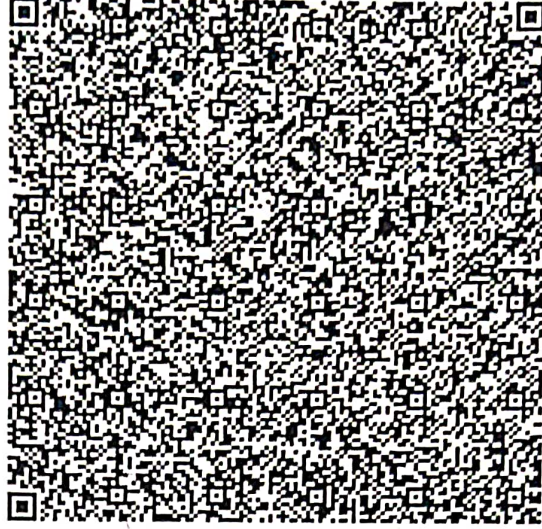
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NAUBAD, BIDAR-585402
(Karnataka)



Ministry of Health & Family Welfare
Government of India

**Provisional Certificate
for COVID-19 Vaccination
(1st Dose)**



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम
Aana Nurain Patel

Age / उम्र
22

Gender / लिंग
Female

ID Verified / पहचान पत्र सत्यापित
Aadhaar # XXXXXXXX9866

Beneficiary Reference ID
16272156212314

Residing at / पता
NA

Vaccination Details

Vaccine Name / वैक्सीन का नाम
COVISHIELD

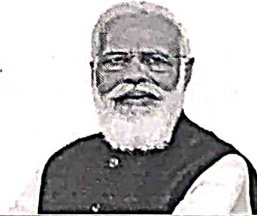
Date of Dose / खुराक की तारीख
17 Apr 2021 (Batch no. 4121Z047)

Next Due Date / अगली नियत तिथि
after 28 days

Vaccinated by / टीका लगाने वाले का नाम
MARGRET

Vaccination at / टीकाकरण का स्थान
UPHC POLICE HC SUB CENTER 1, Bidar
Karnataka

“ दवाई भी और कड़ाई भी।
Together, India will defeat COVID-19 ”
- Prime Minister Narendra Modi



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टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

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(Karnataka)



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name	Anjali
Age	21
Gender	Female
ID Verified	Aadhaar # XXXXXXXXX9063
Unique Health ID (UHID)	
Beneficiary Reference ID	16272709603462

Vaccination Details

Vaccine Name	COVISHIELD
Date of 1 st Dose	13 Jul 2021 (Batch no. 4121Z121)
Date of 2 nd Dose	14 Oct 2021 (Batch no. 4121Z007M)
Vaccinated by	SANJUKUMAR
Vaccination at	PHC LAKHANGAON CVC



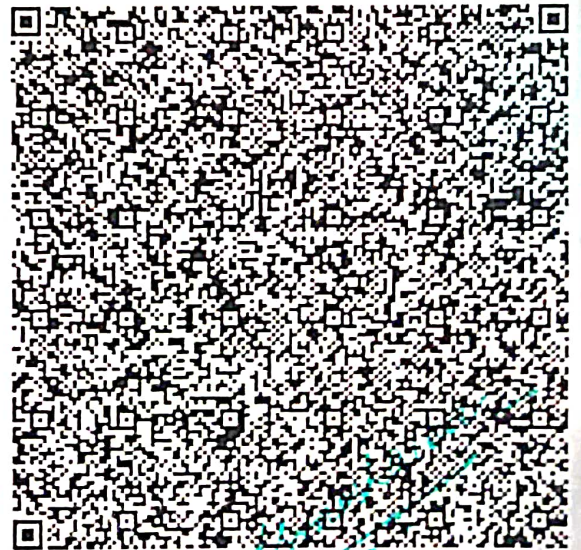
Together, India will defeat
COVID-19"

- Prime Minister Narendra Modi

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S. B. Path Institute for



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 77251414078

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mayuri Hosamani
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX0714
Unique Health ID (UHID)	
Beneficiary Reference ID	16293246950990
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	19 Jul 2021 22 Oct 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC021 4121AA030M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Smt k v Guggari
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	Tamba Workplace, Vijayapura, Kamataka



“ಜಿಷದಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat
COVID-19”

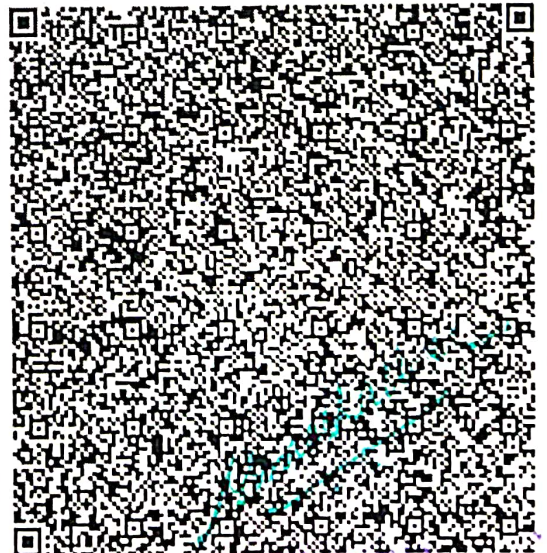
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

ಯಾವುದೇ ಅಧಃಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Lakkaraju Sree Krithi
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX7266
Unique Health ID (UHID)	13-6322-1623-8183
Beneficiary Reference ID	73738913233170

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	16 Jun 2021 (Batch no. 4121Z086)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	09 Sep 2021 (Batch no. 4121MC076)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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COVID-19”

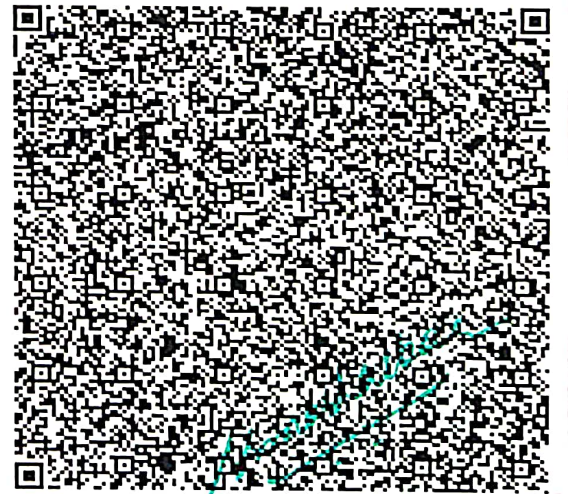
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Government of India

Certificate for COVID-19 Vaccination

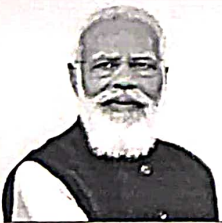
Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name	Vidyanand S Gurumath
Age	21
Gender	Male
ID Verified	Aadhaar # XXXXXXXX2227
Unique Health ID (UHID)	
Beneficiary Reference ID	16293484018518

Vaccination Details

Vaccine Name	COVISHIELD
Date of 1 st Dose	10 Jul 2021 (Batch no. 4121Z121)
Date of 2 nd Dose	12 Oct 2021 (Batch no. 4121MC088)
Vaccinated by	POOJA
Vaccination at	BIDAR DH CVC

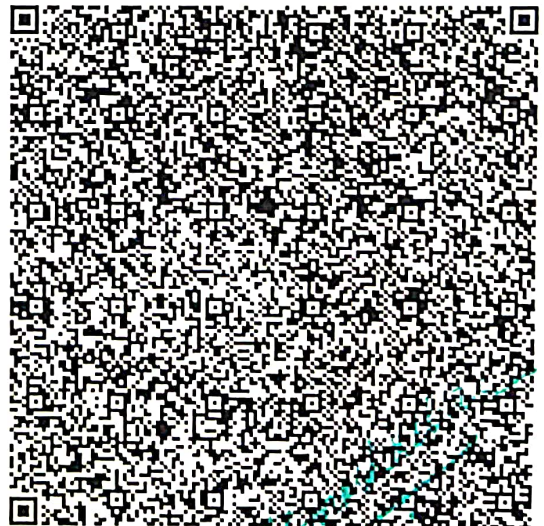


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- Prime Minister Narendra Modi

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು **Bhagyashree**
Age / ವಯಸ್ಸು **20**
Gender / ಲಿಂಗ **Female**
ID Verified / ಐ.ಡಿ. ಗುರುತು **Aadhaar # XXXXXXXX0799**
Unique Health ID (UHID)
Beneficiary Reference ID **16267505897089**

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು **COVISHIELD**
Date of 1st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ **04 Jun 2021 (Batch no. 4121Z079)**
Date of 2nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ **08 Sep 2021 (Batch no. 4121MC059)**
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು **Vandana**
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ **Aland UPHC Workplace, Gulbarga,
Karnataka**



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಚುಮ್ಮಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 72288876815

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Syeda Afifa
Age / ವಯಸ್ಸು 20
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX7207
Unique Health ID (UHID)
Beneficiary Reference ID 16272189451241
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 2021-08-01 2021-12-13
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121MC039 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Shashikala
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ BIDRI COLONY CVC, Bidar, Karnataka



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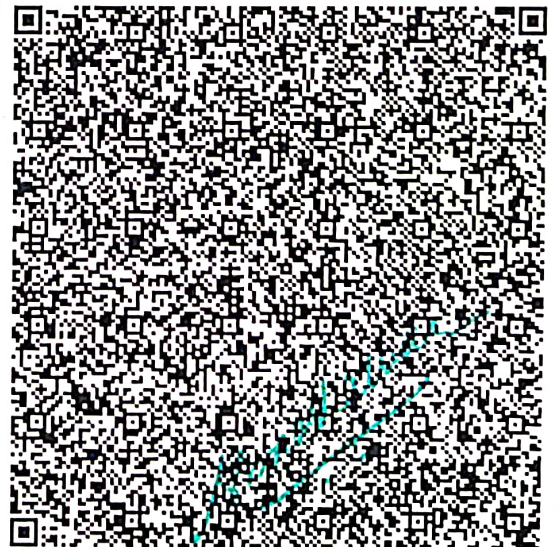
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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Certificate ID: 3651939477

Beneficiary Details

Beneficiary Name / ಪರಿಚಿತರ ಹೆಸರು: Afireen Sultana
 Age / ವಯಸ್ಸು: 22
 Gender / ಲಿಂಗ: Female
 ID Number / ರಾಶಿ ಸಂಖ್ಯೆ: AAD1AA# XXXXXXXX9329
 Unique Health ID (UHID): 16272767941616
 Vaccination Status / ಎಷ್ಟು ಸಲ ಸಿಕ್ಕಿದೆ: Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಎಷ್ಟು ಸಿಕ್ಕಿದೆ: COVISHIELD
 Vaccine Type / ಎಷ್ಟು ಸಿಕ್ಕಿದೆ ಎಷ್ಟು: COVID-19 vaccine, non-replicating viral vector
 Manufacturer / ತಯಾರಕರು: Serum Institute of India Pvt. Ltd.
 Dose Number / ಎಷ್ಟು ಸಿಕ್ಕಿದೆ: 1/2
 Date of Dose / ಎಷ್ಟು ಸಿಕ್ಕಿದೆ: 2021-08-06
 Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ: 4121Z147
 Vaccinated By / ಎಷ್ಟು ಸಿಕ್ಕಿದೆ: Shashikala
 Vaccination At / ಎಷ್ಟು ಸಿಕ್ಕಿದೆ: BIDRI COLONY CVC, Bidar, Karnataka



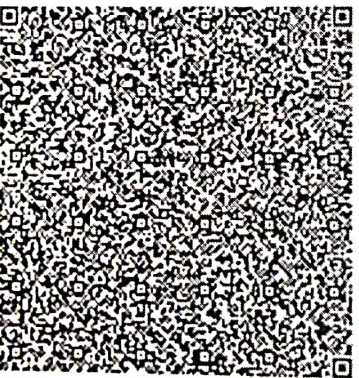
-ಒಟ್ಟಾಗಿ / ಒಂದಿಗೆ ಬೇರು,
ಬಿಡುಗಡೆಗೆ ದೃಢತೆ ಬೇರು
Together, India will defeat
COVID-19*

*ಭಯವಿಲ್ಲದ ಸಹಕರಣ ಒಟ್ಟಾಗಿ

In case of any adverse event, send copy of this certificate to nearest ICMR Health Centre
 or nearest Vaccine Dose Administration Centre (VDAC) Helpline No. 1075
 or to the nearest District Immunisation Officer (DIO) Helpline No. 1075
 or to the nearest District Health Officer (DHO) Helpline No. 1075
 or to the nearest District Health Officer (DHO) Helpline No. 1075

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Certificate for COVID-19 Vaccination

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Certificate ID 5139593139

Beneficiary Details

Beneficiary Name / ಪುನರುದ್ಧಾರಿತರ ಹೆಸರು Fojji Praful Raj
Age / ವಯಸ್ಸು 23
Gender / ಲಿಂಗ Male
ID Verified / ಎ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXXX9489
Unique Health ID (UHID) 162272690100474
Beneficiary Reference ID Fully Vaccinated (2 Doses) and a Precaution Dose
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 30 Mar 2021 14 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121Z021 4121MC024
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Prema
Vaccination AI / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ BIDAR DH CVC, Bidar, Karnataka



“ಐಷ್ವರಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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Certificate ID 27205817451

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Kaunain Mohammed

Age / ವಯಸ್ಸು

19

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX7754

Unique Health ID (UHID)

Beneficiary Reference ID

16272398367750

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

2021-07-17

2021-11-23

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z013M

4121Z013M

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Sachin kudre

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

100 BEDDED MH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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(Karnataka)

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Ishika
Age / ವಯಸ್ಸು 21
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXXXX5613
Unique Health ID (UHID)
Beneficiary Reference ID 16272464531904
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಯು Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ದೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2
Date of Dose / ದೋಸ್ ದಿನಾಂಕ 2021-06-24 2021-10-22
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121Z098 4121AA021M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು RESHMAWATI
Vaccination AI / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ UPHC KUMBARWADA CVC, Bidar, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಬೊತೆಗೆ ದೃಢತೆ ಬೇಕು
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S. B. Patil



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Certificate ID 40014506960

Beneficiary Details

Name: Sharon Rose
Age: 22
Gender: Female
Address: [Faded]
Mobile: [Faded]
Vaccination Date: [Faded]

Sharon Rose
22
Female
Author: FXXXXXSERIAL

16272293544958
Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name: COVAXIN
Vaccine Type: Inactivated virus
Manufacturer: Bharat Biotech
Batch Number: [Faded]
Date of Dose 1: [Faded]
Date of Dose 2: [Faded]
Vaccinated By: [Faded]
Vaccination At: [Faded]

COVAXIN
COVID-19 vaccine, Inactivated virus
Bharat Biotech

1/2 2/2
2021-07-20 2021-09-19
37F21060A 37H21052A

Shobha Rani
Jewraj IN COVAXIN, Gulbarga, Karnataka

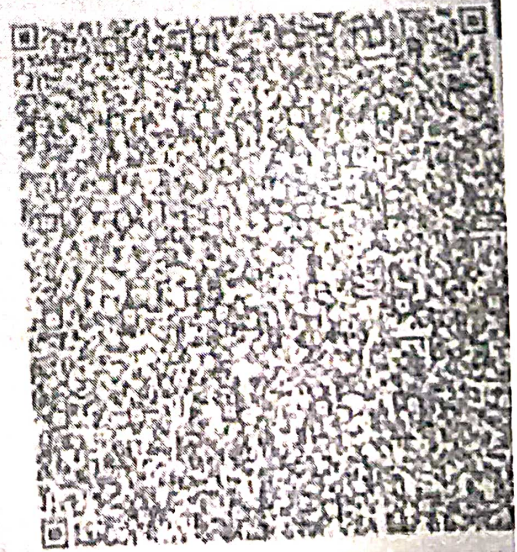


“ಜೊತೆಗೆ / ಲಗತ್ತಿ ಜೀವು,
ಜೊತೆಗೆ ಜೈತೆ ಜೀವು
Together, India will defeat
COVID-19”

“ಜೊತೆಗೆ ಜೀವು, ಜೊತೆಗೆ ಜೈವು”

It is the spirit of unity and solidarity that has helped India defeat COVID-19.
It is the spirit of unity and solidarity that has helped India defeat COVID-19.
It is the spirit of unity and solidarity that has helped India defeat COVID-19.
It is the spirit of unity and solidarity that has helped India defeat COVID-19.

COWIN
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Shobha Rani

PRINCIPAL
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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 16072260467

Beneficiary Details

Beneficiary Name	Akruti
Age	21
Gender	Female
ID Verified	Aadhaar # XXXXXXXX7433
Unique Health ID (UHID)	16272142339959
Beneficiary Reference ID	Fully Vaccinated (2 Doses)
Vaccination Status	

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India
Dose Number	1/2 2/2
Date of Dose	08 Jun 2021 30 Aug 2021
Batch Number	4121Z088 4121Z188
Vaccinated By	VIKRAM
Vaccination At	UPHC KUMBARWADA SUB CENTER 1



Together, India will defeat
COVID-19"

- Prime Minister Narendra Modi

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



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Certificate for COVID-19 Vaccination

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Certificate ID 44427500594

Beneficiary Details

Beneficiary Name / ಭಜನುಭವಿಯ ಹೆಸರು: Rida Fatima
Age / ವಯಸ್ಸು: 21
Gender / ಲಿಂಗ: Female
ID Verified / ಐ.ಡಿ. ಗುರುತು: Aadhaar # XXXXXXXXX5003
Unique Health ID (UHID): 16272178302648
Beneficiary Reference ID: Fully Vaccinated (2 Doses)
Vaccination Status / ಲಸಿಕೆ ನೀಡಿದ ಸ್ಥಿತಿ: Fully Vaccinated (2 Doses)

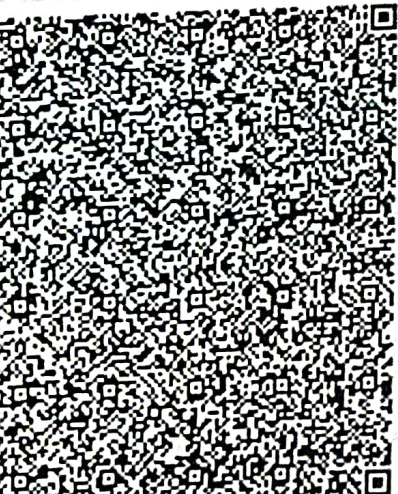
Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು: COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ: COVID-19 vaccine, non-replicating Viral Vector
Manufacturer / ತಯಾರಕರು: Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ನಂಬರ್: 1/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ: 28 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ನಂಬರ್: 4121MCO37
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು: Anita
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ: 100 BEDDED MH CVC, Bidar, Karnataka



"ಐವತ್ತಿ/ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
Together, India will defeat
COVID-19"
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕಡವಾದೇ ಅನುಭವವು ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದೂರವಿಜ್ಞಾನ ಸೇವಾಕೇಂದ್ರ ಹಾಗೂ ರಾಜ್ಯ ಆರೋಗ್ಯ
ಸೇವಾಕೇಂದ್ರಕ್ಕೆ ಸಂಪರ್ಕಿಸಿ/ಜಿ.ಹೆಲ್ಪ್ ಲೈನ್ ನಂ. 1075 ನಂಪರ್ಕಿಸಿ.



H. Mahabhar
S.B. Patil Institute for
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Certificate for COVID-19 Vaccination

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Certificate ID 24242097773

Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Sucheta Grace Huded Prasad
Age / వయస్సు	21
Gender / లింగం	Female
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX5636
Unique Health ID (UHID)	
Beneficiary Reference ID	32589255257404
Vaccination Status / టీకా స్థితి	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD
Vaccine Type / టీకా రకం	COVID-19 vaccine, non-replicating viral vector
Manufacturer / తయారీదారు	Serum Institute of India Pvt. Ltd.
Dose Number / మోతాదు సంఖ్య	1/2 2/2
Date of Dose / మోతాదు తేదీ	28 Jun 2021 05 Nov 2021
Batch Number / బ్యాచ్ నంబరు	4121Z107 4121MC113
Vaccinated By / టీకాలు వేయించినవారు	D Venkateshwari
Vaccination At / టీకాలు వేసిన జిల్లా	Choppadandi PHC WP, Karimnagar, Telangana



“టీకాతో పాటు పత్యం
కూడా చెయ్యాలి

Together, India will defeat
COVID-19”

- ప్రధానమంత్రి నరేంద్ర మోదీ

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ఏదైనా ప్రతిచూర సంఘటనలు జరిగితే, దయచేసి సమీప ప్రజారోగ్య కేంద్రం / పబ్లిక్ హెల్త్ సెంటర్ /
జిల్లా ఇమ్యూనైజేషన్ అఫీసర్‌కు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నం. 1075

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Certificate ID 21252050708

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Samreen Naaz
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX0399
Unique Health ID (UHID)	
Beneficiary Reference ID	16272276422366
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-07-31 2021-11-13
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC037 4121AA021M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	RESHMAWATI
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC KUMBARWADA CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

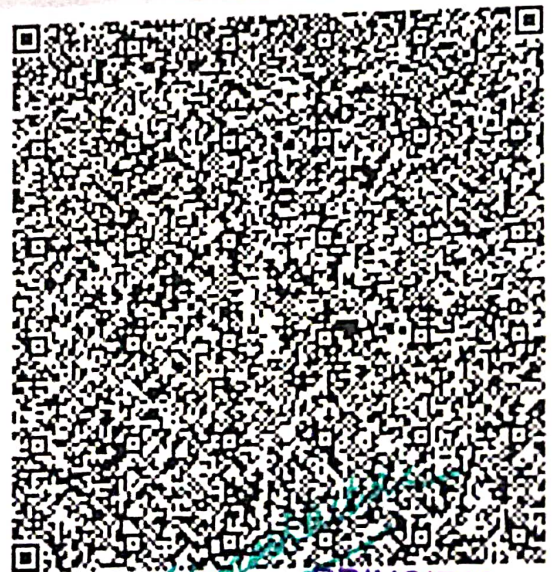
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COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ, ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯದರ್ಶಿ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate for COVID-19 Vaccination

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Certificate ID 59138857143

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು
Age / ವಯಸ್ಸು
Gender / ಲಿಂಗ
ID Verified / ಐ.ಡಿ. ರುರುತು
Unique Health ID (UHID)
Beneficiary Reference ID
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Siya Subash Gawde
21
Female
Aadhaar # XXXXXXXX7383
10151509094358
Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ
Manufacturer / ತಯಾರಕರು
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

COVISHIELD
COVID-19 vaccine, non-replicating viral vector
Serum Institute of India
1/2 2/2
13 Jun 2021 25 Sep 2021
4121Z059 4121Z224
Raichal
UPHC NAUBAD CVC, Bidar, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಯಾವುದೇ ಅಧವರಿತವು ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
ನಂವರೆಸಿ

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Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 79096189808

Beneficiary Details

Beneficiary Name / ಪರಾಮರ್ಶನೆಯ ಹೆಸರು Pooja Kalekar
Age / ವಯಸ್ಸು 21
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX6478
Unique Health ID (UHD)
Beneficiary Reference ID 16272596144127
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ದೋಸು ಸಂಖ್ಯೆ 1/2 2/2 Precaution dose
Date of Dose / ದೋಸು ದಿನಾಂಕ 30 Apr 2021 24 Jul 2021 09 Jul 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121Z056 4121Z128 4121AA098M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Prema
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ BIDAR DH CVC, Bidar, Karnataka



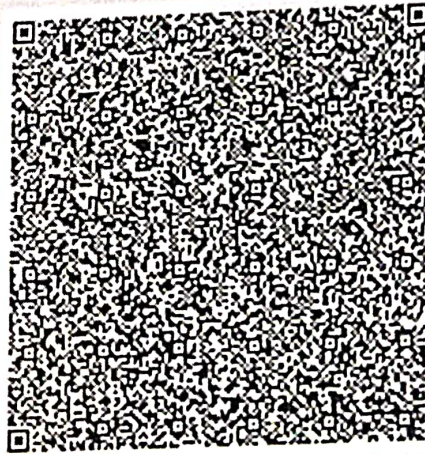
“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಯಾವುದೇ ಅನುಭವಿಸುವ ಅನುಕೂಲ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ/ಆರೋಗ್ಯಕಾರ್ಮಿಕರ ಅಥವಾ ರಾಜ್ಯ ಹೆಲ್ಪ್ ಲೈನ್ ಅಥವಾ ರಾಜ್ಯ ಆರೋಗ್ಯ ಸಂಯಮಕರು 1075 ಸಂಪರ್ಕಿಸಿ

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Amol Babar

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(Karnataka)



Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Pallavi Prabhakar Navall
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX8959
Unique Health ID (UHID)	
Beneficiary Reference ID	28255423183020

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	05 Jun 2021 (Batch no. 4121Z082)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	28 Aug 2021 (Batch no. 4121Z167)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	POOJA
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDAR DH CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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COVID-19”

-ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಧಿಕೃತವಾದ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿಯನ್ನು ಸಂಪರ್ಕಿಸಿ ಸಂಖ್ಯೆ 1075
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(Karnataka)

Second year
8.1.9.4



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Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 41201880738

Beneficiary Details

Beneficiary Name	Tanzeem Sheeban
Age	21
Gender	Male
ID Verified	Aadhaar # XXXXXXXXX4118
Unique Health ID (UHID)	
Beneficiary Reference ID	16272949316345
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India
Dose Number	1/2 2/2
Date of Dose	28 May 2021 19 Sep 2021
Batch Number	4121Z075 4121Z224
Vaccinated By	Shashikala
Vaccination At	BIDRI COLONY CVC



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COVID-19"

- Prime Minister Narendra Modi

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Government of India

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Certificate ID: 12792349510

Beneficiary Details

Beneficiary Name / ವರಾಹಮನಿಯ ಹೆಸರು	Keerthi Raje
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ದಾಖಲೆ ಗುರುತು	Aadhaar # XXXXXXXXX7857
Unique Health ID (UHID)	
Beneficiary Reference ID	16272218176170
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

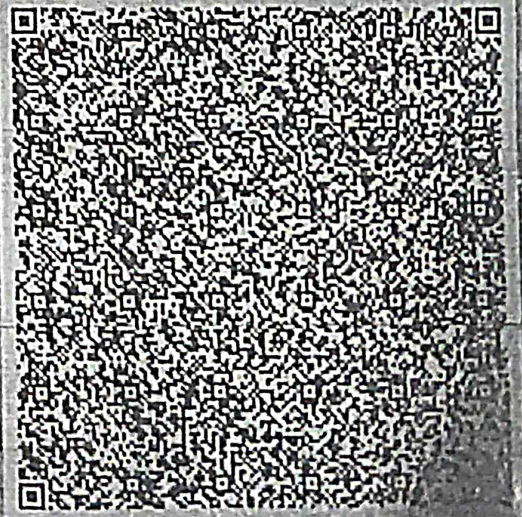
Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ದೊಸ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ದೊಸ ದಿನಾಂಕ	25 Sep 2021 14 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MF003 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	RESHMAWATI
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC KUMBARWADA CVC, Bidar, Karnataka

"ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat
COVID-19"

ಪ್ರಧಾನಮಂತ್ರಿ ನವೇಂದ್ರ ಮೋದಿ



S. B. Patil
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Government of India

Certificate for COVID-19 Vaccination

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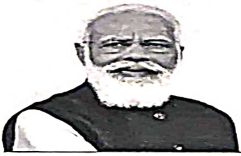
Certificate ID 32992910139

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Arshin Fatima
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX4493
Unique Health ID (UHID)	
Beneficiary Reference ID	16272259028483
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-06-25 2021-12-29
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC010 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

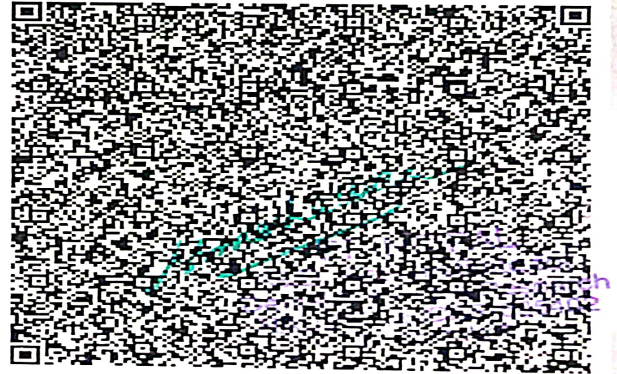
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಾಣಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Second



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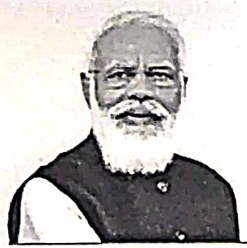
Certificate ID 12565265324

Beneficiary Details

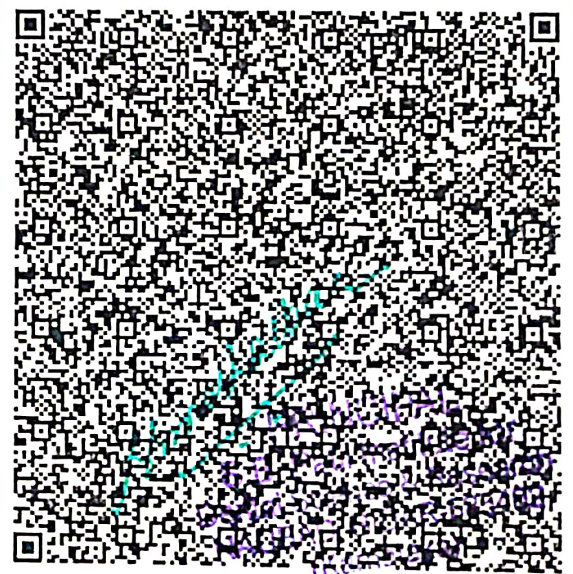
Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Bhakti Khandre
Age / ವಯಸ್ಸು	19
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX2573
Unique Health ID (UHID)	
Beneficiary Reference ID	16267171583837
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	12 Apr 2021 23 Jul 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC021 4121MC021
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Amruth.G
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	ESIC MEDICAL COLLEGE CVC, Gulbarga, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕುಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 64289005887

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Maryam Habeeb
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX1694
Unique Health ID (UHID)	
Beneficiary Reference ID	16272243008536
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVAXIN
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, inactivated virus
Manufacturer / ತಯಾರಕರು	Bharat Biotech, India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	24 Jul 2021 29 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	37F21083A 37H21006A
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	BHAGYASHREE
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	HUNDRED BEDDED COVAXIN, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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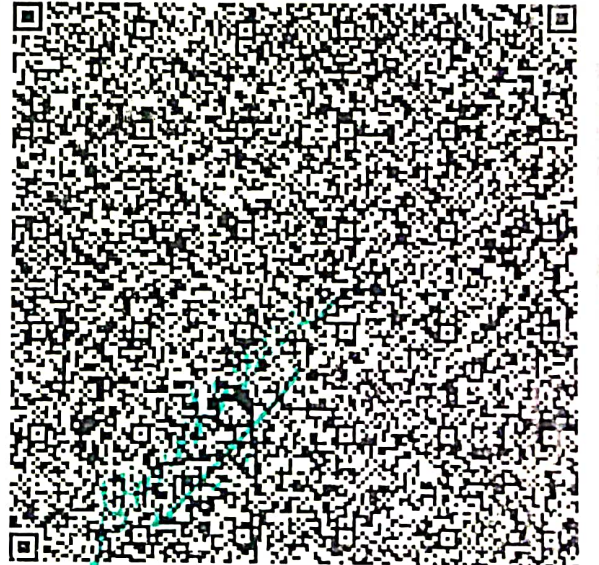
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 89506374772

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Nafees Ayesha Fatima
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX1419
Unique Health ID (UHID)	
Beneficiary Reference ID	16272216166837
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	07 Jul 2021 05 Jan 2022
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z108 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	anita
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
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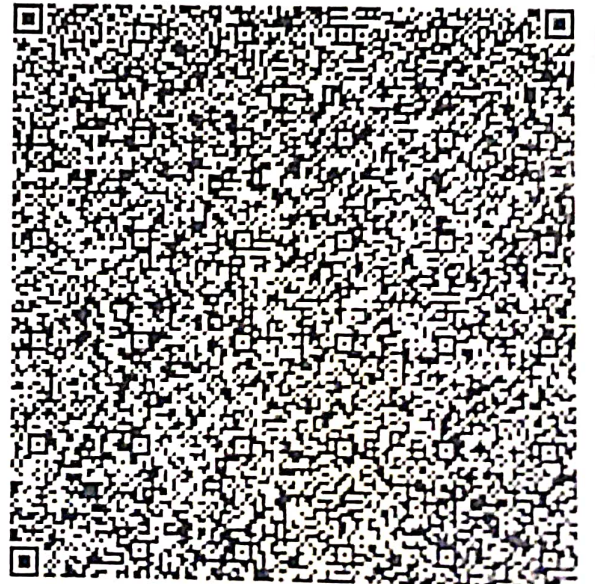
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 17067349222

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Umme Salwa Quadri
Age / ವಯಸ್ಸು	18
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX1742
Unique Health ID (UHID)	
Beneficiary Reference ID	16272989433349
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	24 Jul 2021 16 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z128 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Sachin kudre
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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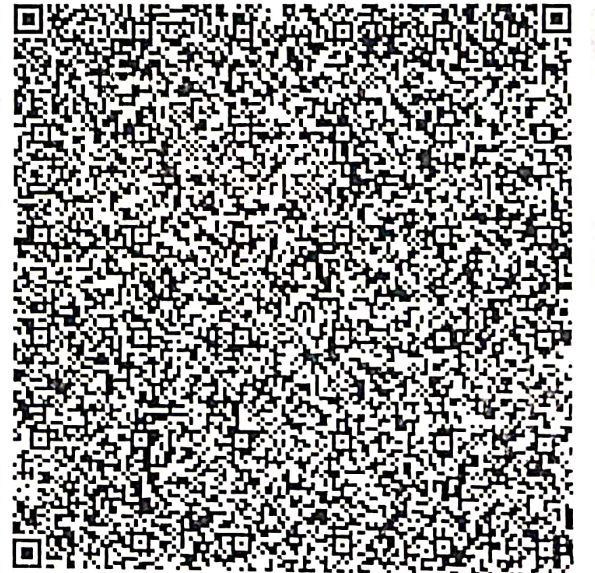
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೂಪ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name	Girija
Age	18
Gender	Female
ID Verified	Aadhaar # XXXXXXXXX3651
Unique Health ID (UHID)	
Beneficiary Reference ID	16267532735895

Vaccination Details

Vaccine Name	COVISHIELD
Date of 1 st Dose	21 Jun 2021 (Batch no. 4121Z102)
Date of 2 nd Dose	18 Oct 2021 (Batch no. 4121Z007M)
Vaccinated by	Somsingh Rathod CHO
Vaccination at	Chandapur HWC



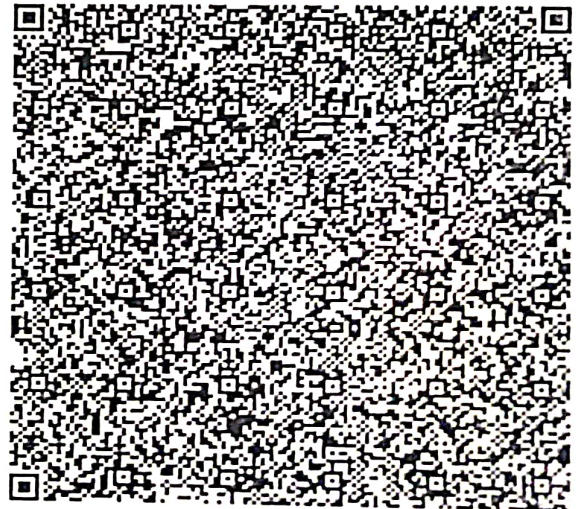
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COVID-19"

- Prime Minister Narendra Modi

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Somsingh Rathod
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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name	S Basava Deeksha
Age	20
Gender	Female
ID Verified	Aadhaar # XXXXXXXXX6252
Unique Health ID (UHID)	
Beneficiary Reference ID	16278593043293

Vaccination Details

Vaccine Name	COVISHIELD
Date of 1 st Dose	24 Jun 2021 (Batch no. 4121Z106)
Date of 2 nd Dose	18 Sep 2021 (Batch no. 4121MC087)
Vaccinated by	Ialitha Dhara
Vaccination at	Chitaguppi UPHC



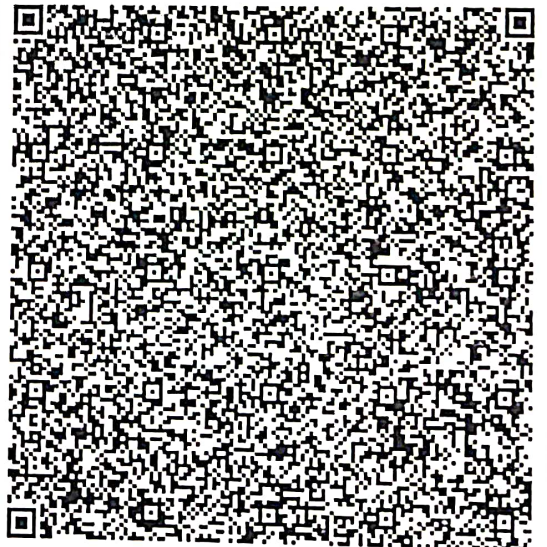
Together, India will defeat
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- Prime Minister Narendra Modi

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

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Hon. K. K. Bhat
PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



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Certificate ID 29314716949

Beneficiary Details

Beneficiary Name	Anjali Phulari
Age	21
Gender	Female
ID Verified	Aadhaar # XXXXXXXX0482
Unique Health ID (UHID)	
Beneficiary Reference ID	16272814859739
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India
Dose Number	1/2 2/2
Date of Dose	02 Jun 2021 20 Aug 2021
Batch Number	4121Z079 4121Z169
Vaccinated By	Raichal
Vaccination At	UPHC NAUBAD CVC



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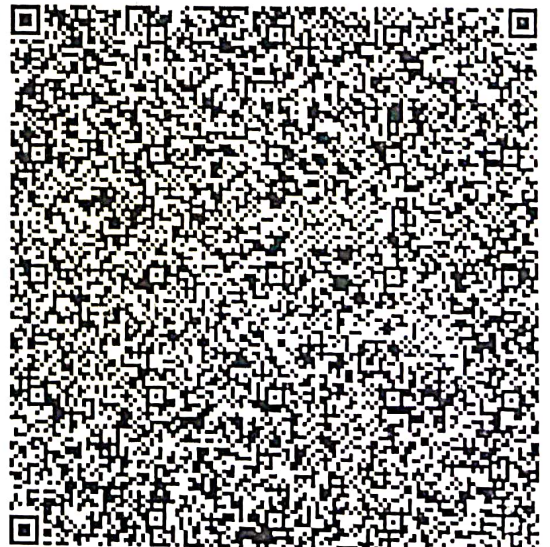
- Prime Minister Narendra Modi

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Certificate ID 38663334116

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Vani
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX5129
Unique Health ID (UHID)	
Beneficiary Reference ID	16272135962331
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVAXIN
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, inactivated virus
Manufacturer / ತಯಾರಕರು	Bharat Biotech
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-07-19 2021-08-29
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	37F21078A 37F21114A
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	SUDHA
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC NAUBAD COVAXIN, Bidar, Karnataka



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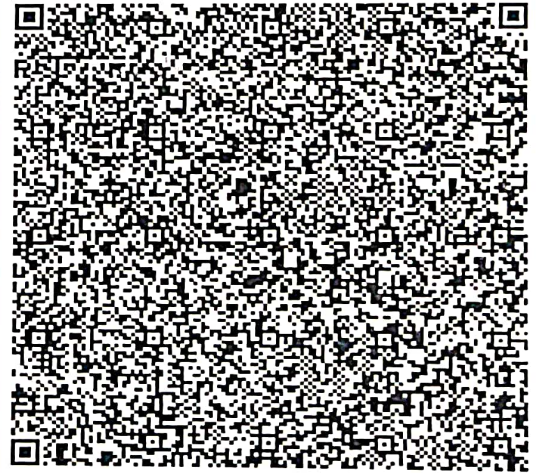
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಕರ್ಮಿ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ನಂ. 1075
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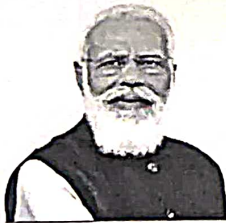
Certificate ID 79761600606

Beneficiary Details

Beneficiary Name	Shweta
Age	19
Gender	Female
ID Verified	Aadhaar # XXXXXXXX7705
Unique Health ID (UHID)	46-6517-7763-2551
Beneficiary Reference ID	16272141962283
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India
Dose Number	1/2 2/2
Date of Dose	04 Jun 2021 30 Aug 2021
Batch Number	4121Z070 4121Z188
Vaccinated By	Raichal
Vaccination At	UPHC NAUBAD CVC



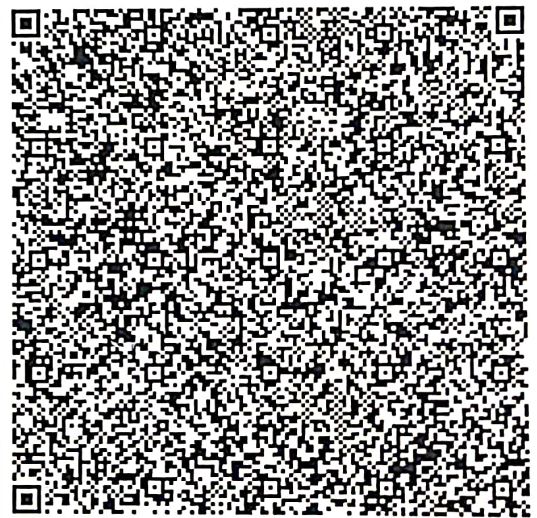
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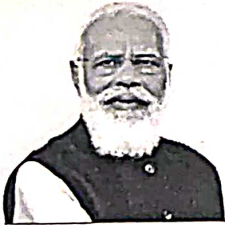
Certificate ID 11650930697

Beneficiary Details

Beneficiary Name	Umalma Anum
Age	20
Gender	Female
ID Verified	Aadhaar # XXXXXXXX8259
Unique Health ID (UHID)	
Beneficiary Reference ID	16272764806978
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India Pvt. Ltd.
Dose Number	1/2 2/2
Date of Dose	07 Jun 2021 16 Nov 2021
Batch Number	4121Z088 4121AA021M
Vaccinated By	Anita
Vaccination At	100 BEDDED MH CVC



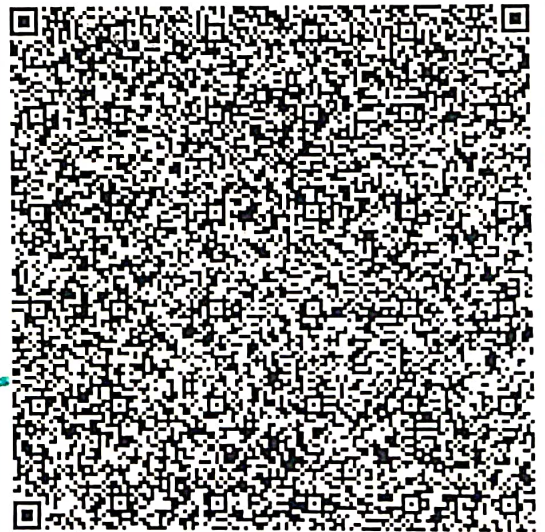
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Certificate ID 34802786739

Beneficiary Details

Beneficiary Name	Mahekpreet
Age	20
Gender	Female
ID Verified	Aadhaar # XXXXXXXXX9841
Unique Health ID (UHID)	16272487914796
Beneficiary Reference ID	Fully Vaccinated (2 Doses)
Vaccination Status	

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India Pvt. Ltd.
Dose Number	1/2 2/2
Date of Dose	02 Jun 2021 29 Sep 2021
Batch Number	4121Z079 4121P214
Vaccinated By	Raichal
Vaccination At	UPHC NAUBAD CVC

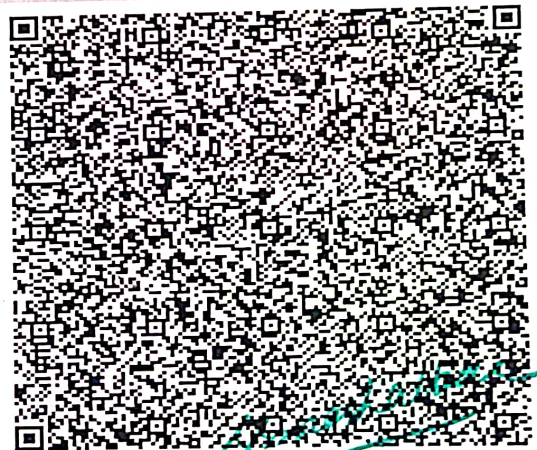


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Certificate ID 34802786739

Beneficiary Details

Beneficiary Name	Mahekpreet
Age	20
Gender	Female
ID Verified	Aadhaar # XXXXXXXX9841
Unique Health ID (UHID)	
Beneficiary Reference ID	16272487914796
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India Pvt. Ltd.
Dose Number	1/2 2/2
Date of Dose	02 Jun 2021 29 Sep 2021
Batch Number	4121Z079 4121P214
Vaccinated By	Raichal
Vaccination At	UPHC NAUBAD CVC

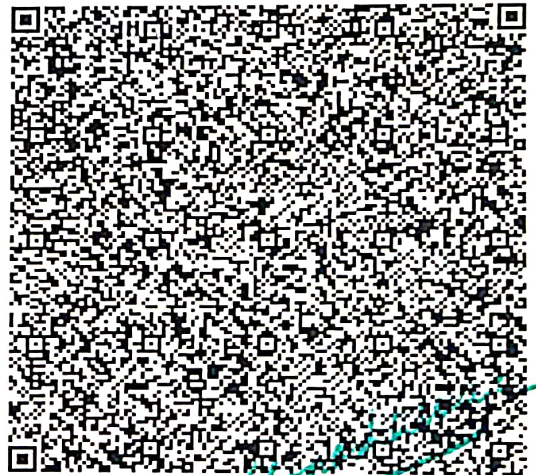


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Certificate ID 87347843348

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Javeriya Neha
Age / ವಯಸ್ಸು	22
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX7465
Unique Health ID (UHID)	
Beneficiary Reference ID	16272674974537
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	24 Jul 2021 03 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z128 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	DR SANJEEV KUMAR
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	PHC UNITED HOSPITAL, Bidar, Karnataka



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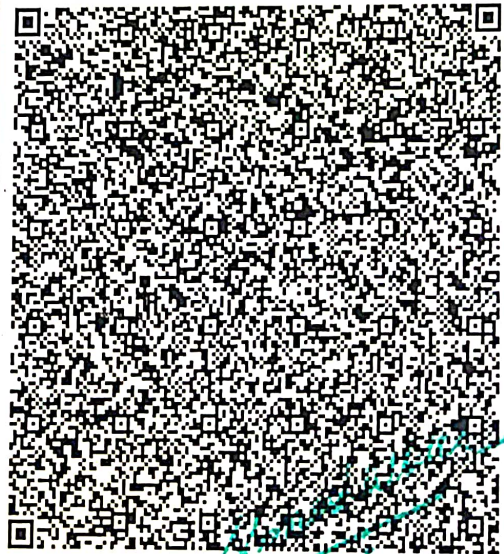
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕರಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ನಂ. 1075
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Certificate ID 42133911956

Beneficiary Details

Beneficiary Name	Rabliya Falak
Age	20
Gender	Female
ID Verified	Aadhaar # XXXXXXXX0655
Unique Health ID (UHID)	
Beneficiary Reference ID	16272621528397
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India Pvt. Ltd.
Dose Number	1/2 2/2
Date of Dose	08 Jun 2021 26 Nov 2021
Batch Number	4121Z088 4121Z013A
Vaccinated By	Shashikala
Vaccination At	BIDRI COLONY CVC



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Certificate ID 13439521179

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mohammed Anas Maaz
Age / ವಯಸ್ಸು	19
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX8765
Unique Health ID (UHID)	52-3852-4500-0189
Beneficiary Reference ID	16272301541656
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	17 Jul 2021 28 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z126 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Shashikala
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BIDRI COLONY CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Certificate ID 42487583954

Beneficiary Details

Beneficiary Name	Anam Rahman Fatima
Age	20
Gender	Female
ID Verified	Aadhaar # XXXXXXXX0003
Unique Health ID (UHID)	
Beneficiary Reference ID	16272331436410
Vaccination Status	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India
Dose Number	1/2 2/2
Date of Dose	03 Jun 2021 12 Sep 2021
Batch Number	4121Z070 4121MC076
Vaccinated By	Anita
Vaccination At	100 BEDDED MH CVC



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Certificate ID 27172289588

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Ramsha Mahak
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX8824
Unique Health ID (UHID)	
Beneficiary Reference ID	16272613628665
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	29 Jul 2021 30 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC037 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Sachin kudre
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Ramsha Mahak
Age / ವಯಸ್ಸು 20
Gender / ಲಿಂಗ Female
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX8824
Unique Health ID (UHID) 16272613628665
Beneficiary Reference ID Fully Vaccinated (2 Doses)
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ 1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 29 Jul 2021 30 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121MC037 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Sachin kudre
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ 100 BEDDED MH CVC, Bidar, Karnataka



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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Ramsha Mahak
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXXX8824
Unique Health ID (UHID)	
Beneficiary Reference ID	16272613628665
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	29 Jul 2021 30 Dec 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC037 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Sachin kudre
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

ಯಾವುದೇ ಅಧ್ಯವರಣೀಯ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ನಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಪಣಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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NAUBAD, BIDAR-585402
(Karnataka)



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Md Zeeshan Hyder
Age / ವಯಸ್ಸು 20
Gender / ಲಿಂಗ Male
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX8360
Unique Health ID (UHID) 16272170237196
Beneficiary Reference ID

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 17 Jul 2021 (Batch no. 4121Z126)
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ Between 09 Oct 2021 and 06 Nov 2021
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Raichal
Vaccination at / ಲಸಿಕೆ ಹಾರಿದ ಸ್ಥಳ UPHC NAUBAD CVC, Bidar, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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

ಯಾವುದೇ ಅಧವರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲವೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Maddur Bidar-585102



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID: 68348796532

Beneficiary Details

Beneficiary Name / ವರದಾರನ ಹೆಸರು	Syed Arbaz Hussain Kazmi
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Male
ID Verified / ID ದೃಢೀಕರಿಸಿದ	Aadhaar # XXXXXXXX0422
Unique Health ID (UHD)	
Beneficiary Reference ID	16272905640526
Vaccination Status / ಲಸಿಕೆ ನೀಡಿದ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

Vaccination Details

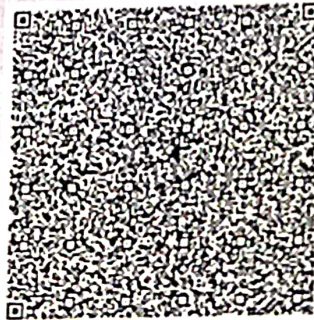
Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಉಪಯೋಗಿಸಿದ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಲಸಿಕೆ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಲಸಿಕೆ ದಿನಾಂಕ	2021-05-08 2021-08-08
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	41212065 41212148
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination At / ಲಸಿಕೆ ಮಾಡಿದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka



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ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
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In case of any adverse events, kindly contact the nearest Public Health Centre, HealthCare Worker/ District Immunization Officer/ Helpline No. 1075
ಯಾವುದೇ ಅನುಕೂಲಕರವಾದ ಘಟನೆಗಳಾದಲ್ಲಿ, ದೂರವಿಳಿ ಸಂಖ್ಯೆ 1075 ಅಥವಾ ಸಮೀಪದ ಆರೋಗ್ಯ ಕೇಂದ್ರ ಅಧಿಕಾರಿಗಳನ್ನು ಸಂಪರ್ಕಿಸಿ ಅಥವಾ ದೂರವಿಳಿ ಸಂಖ್ಯೆ 1075 ಅನ್ನು ಕರೆಸಿ.



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(Karnataka)



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / ಪಡೆದುಕೊಳ್ಳುವವರ ಹೆಸರು	Syed Arbaz Hussain Kazmi
Age / ವಯಸ್ಸು	21
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಸರಿ	Aadhaar # XXXXXXXX0422
Unique Health ID (UHD)	
Beneficiary Reference ID	16272905640526

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	08 May 2021 (Batch no. 4121Z065)
Next due date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ	Between 31 Jul 2021 and 28 Aug 2021
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	Anita
Vaccination at / ಲಸಿಕೆ ಪಡೆದ ಸ್ಥಳ	100 BEDDED MH CVC, Bidar, Karnataka

**“ಜೊತೆಗೆ / ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು
Together, India will defeat
COVID-19”**
- ಪ್ರಧಾನಮಂತ್ರಿ, ಪರಿಶುದ್ಧ ಜೊತೆ



In case of any adverse events, kindly contact the nearest Public Health Center /
Healthcare Worker/District Immunization Officer/Jan Helpline No. 1075
ಕುಂದುಕೊರತೆಗಳನ್ನು ಎದುರಿಸಿದಲ್ಲಿ, ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ/
ಆರೋಗ್ಯಕಾರ್ಮಿಕರನ್ನು/ಜಿ.ಹೆಲ್ಪ್ ಲೈನ್ ನಂ. 1075 ಸಂಪರ್ಕಿಸಿ.



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Ministry of Health & Family Welfare
Government of India

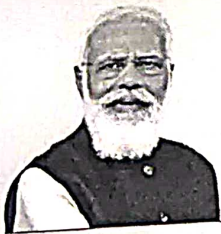
Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Ramdev
Age / ವಯಸ್ಸು 18
Gender / ಲಿಂಗ Male
ID Verified / ಐ.ಡಿ. ಗುರುತು Aadhaar # XXXXXXXX8777
Unique Health ID (UHID) 16272684324335
Beneficiary Reference ID

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD
Date of 1st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ 27 May 2021 (Batch no. 4121Z080)
Date of 2nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ 22 Aug 2021 (Batch no. 4121Z169)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು Satish
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ BHALKI GH CVC, Bidar, Karnataka



“ಔಷಧಿ / ಲಸಿಕೆ ಬೇಕು,
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COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕವೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 70838723783

Beneficiary Details

Beneficiary Name	Amulya
Age	21
Gender	Female
ID Verified	Aadhaar # XXXXXXXX9775
Unique Health ID (UHID)	42109571099410
Beneficiary Reference ID	Fully Vaccinated (2 Doses)
Vaccination Status	

Vaccination Details

Vaccine Name	COVISHIELD
Vaccine Type	COVID-19 vaccine, non-replicating viral vector
Manufacturer	Serum Institute of India Pvt. Ltd.
Dose Number	1/2 2/2
Date of Dose	31 Jul 2021 11 Nov 2021
Batch Number	4121MC037 4121P229
Vaccinated By	Sheetal
Vaccination At	PHC JANWADA CVC

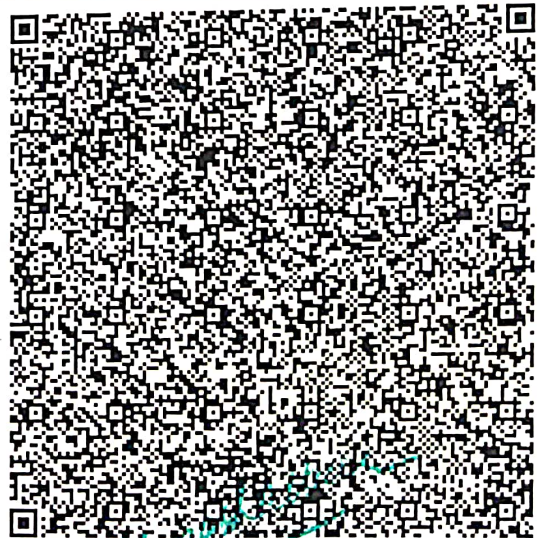


Together, India will defeat
COVID-19"

- Prime Minister Narendra Modi

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