



MAEER PUNE'S

**MAHARASHTRA INSTITUTE OF DENTAL  
SCIENCE AND RESEARCH LATUR INDIA  
(DENTAL COLLEGE & HOSPITAL)**



Address : Vishwanathpuram Ambajogai Road,  
Latur. 413531 (Maharashtra)

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MAEER/MIDSR/Gen.Adm/703/23-A/2021

Date:-18/01/2021

**CIRCULAR**


It is for the information of all the Teaching & Non-Teaching staff that the MIDSR Dental College organizing a vaccination programme against COVID-19 as per the following schedule, in collaboration with MIMSR Medical College, Latur.

Date:- 20/01/2021

Timing:- 10:00 am to 05:00 pm

Venue:- MIMSR Medical College, Latur




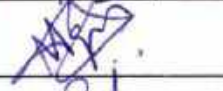


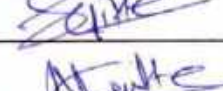
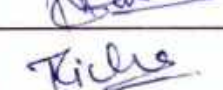
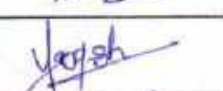


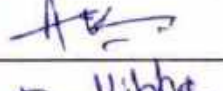
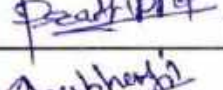
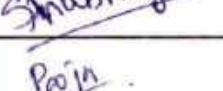
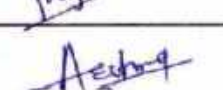

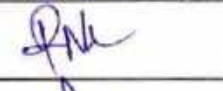

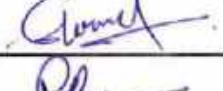
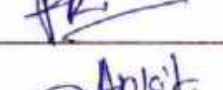
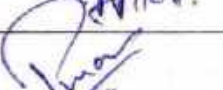

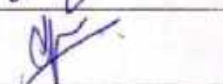

  
Principal  
MIDSR Dental College,  
Latur





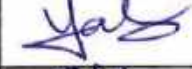

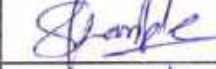

**MAEER'S PUNE**  
**MIDSR Dental College, Latur**  
**Subjectwise Teaching Staff Attendance List**

Sr. No.	Name of Employee	Qualification	Designation	Signature
	<b>Prosthodontics</b>			
1	Dr. Suresh. S. Kamble	M.D.S.	Professor & Principal	
2	Dr. Ajit. S. Jankar	MDS	Professor & HOD	
3	Dr. Bhushan R. Bangar	MDS	Professor	
4	Dr. Susheen M. Gajare	MDS	Reader	
5	Dr. Sandeep S. Fere	MDS	Reader	
6	Dr. Shashi S. Patil	MDS	Reader	
7	Dr. Shirish M. Pawar	MDS	Lecturer	
8	Dr. Sneha Maknikar	MDS	Lecturer	
9	Dr. Shital B. Wagh	MDS	Lecturer	
10	Dr. Vidya Gatkal	MDS	Lecturer	
11	Dr. Yogesh S. Nagargoje	MDS	Lecturer	
12	Dr. Vidya A. Vaybase	MDS	Lecturer	
13	Dr. Sneha B. Chole	MDS	Lecturer	
14	Dr. Govind B. Barure	MDS	Lecturer	
15	Dr. Balaji S. Munde	MDS	Lecturer	
16	Dr. Vilas. E. Dhumal	BDS	Tutor	
17	Dr. Sonali D. Bharadiya	BDS	Tutor	
18	Dr. Divya A. Patil	BDS	Tutor	
19	Dr. Akash D. Puri	BDS	Tutor	
20	Dr. Sunanda L. Gaddalay	MDS	Professor & HOD	
21	Dr. Anita J. Kale	MDS	Professor	
22	Dr. Ramchandra S. Kabir	MDS	Professor	
23	Dr. Amol A. Badgire	MDS	Reader	

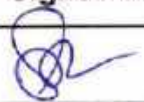
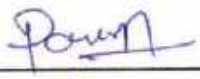

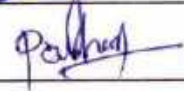

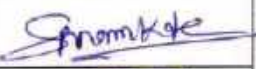
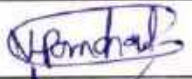


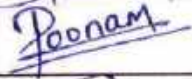
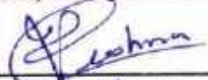
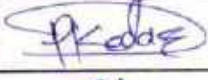


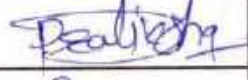



**MAEER'S PUNE**  
**MIDSR Dental College, Latur**  
**Subjectwise Teaching Staff Attendance List**

Sr. No.	Name of Employee	Qualification	Designation	Signature
24	Dr. Praveen F. Dhore	MDS	Reader	
25	Dr. Madhuri N. Agrawal	MDS	Reader	
26	Dr. Abhishek R. Badade	MDS	Reader	
27	Dr. Ajit A. Shinde	MDS	Lecturer	
28	Dr. Sonali V. Gite	MDS	Lecturer	
29	Dr. Nutan H. Gutte	MDS	Lecturer	
30	Dr. Richa S. Pandharikar	MDS	Lecturer	
31	Dr. Yogesh Damade	MDS	Lecturer	
32	Dr. Deepak S. Nagargoje	MDS	Lecturer	
33	Dr. Sharwari Deshpande	MDS	Lecturer	
34	Dr. Ajay B. Kute	MDS	Lecturer	
35	Dr. Pratibha G. Chaudhari	BDS	Tutor	
36	Dr. Shubhangi S. Kendre	BDS	Tutor	
37	Dr. Pooja A. Waghmare	BDS	Tutor	
38	Dr. Archana L. Phad	BDS	Tutor	
39	Dr. Sheeraz Badal	MDS	Professor & HOD	
40	Dr. Rahul N. Lature	MDS	Professor	
41	Dr. Amol M. Doiphode	MDS	Professor	
42	Dr. Govind R. Changule	MDS	Reader	
43	Dr. Prashant P. Raktade	MDS	Reader	
44	Dr. Ankit R. Malu	MDS	Reader	
45	Dr. Punam N. Nagargoje	MDS	Reader	
46	Dr. Gopal L. Nagargoje	MDS	Lecturer	
47	Dr. Apurva S. Deshpande	MDS	Lecturer	

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**Subjectwise Teaching Staff Attendance List**

Sr. No.	Name of Employee	Qualification	Designation	Signature
48	Dr. Venkatesh B. Hange	MDS	Lecturer	
49	Dr. Komal P. Harde	MDS	Lecturer	
50	Dr. Rohan M. Mane	MDS	Lecturer	
51	Dr. Archana M. Apate	BDS	Tutor	
52	Dr. Saraswati M. Bandkhadke	BDS	Tutor	
53	Dr. Anuja M. Neharkar	BDS	Tutor	
54	Dr. Mithila T. Patil	BDS	Tutor	
55	Dr. Suresh K. Kangane	MDS	Professor & HOD	
56	Dr. Anand S. Ambekar	MDS	Professor	
57	Dr. Pravinkumar S. Marure	MDS	Professor	
58	Dr. Yatishkumar S. Joshi	MDS	Professor	
59	Dr. Chaitanya C. Khanapure	MDS	Reader	
60	Dr. Shilpa M. Kendre	MDS	Reader	
61	Dr. Ganesh O. Dange	MDS	Lecturer	
62	Dr. Sujit N. Zadake	MDS	Lecturer	
63	Dr. Sheetal Kamble	MDS	Lecturer	
64	Dr. Siddharth Phadkule	MDS	Lecturer	
65	Dr. Yogita W. Munde	BDS	Tutor	
66	Dr. Amruta D. Kendre	BDS	Tutor	
67	Dr. Tanuja S. Kendre	BDS	Tutor	
68	Dr. Yogesh J. Kale	MDS	Professor & HOD	
69	Dr. Mahesh V. Dadpe	MDS	Professor	
70	Dr. Prasanna T. Dahake	MDS	Reader	
71	Dr. Yogesh I. Somwanshi	MDS	Reader	

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Sr. No.	Name of Employee	Qualification	Designation	Signature
72	Dr. Shrikant B. Kendre	MDS	Reader	
73	Dr. Poonam G. Gawali	MDS	Lecturer	
74	Dr. Priyanka D. Mundhe	MDS	Lecturer	
75	Dr. Jabin M. Pathan	MDS	Lecturer	
76	Dr. Saini Manav	MDS	Lecturer	
77	Dr. Shrawani S. Mankar	MDS	Lecturer	
78	Dr. Vinod V. Panchal	MDS	Lecturer	
79	Dr. Somnath V. Gitte	BDS	Tutor	
80	Dr. Swati R. Hajare	BDS	Tutor	
81	Dr. Poonam S. Murkute	BDS	Tutor	
82	Dr. Vishnudas D. Bhandari	MDS	Professor & HOD	
83	Dr. Omkumar Baghele	MDS	Professor	
84	Dr. Gauri Ugale	MDS	Professor	
85	Dr. Raghavendra N. M.	MDS	Professor	
86	Dr. Sukanya Vyavhare	MDS	Lecturer	
87	Dr. Poonam Kedar	MDS	Lecturer	
88	Dr. Priya Lahane	MDS	Lecturer	
89	Dr. Sumera Y. Syed	BDS	Tutor	
90	Dr. Pratiksha K. Mundhe	BDS	Tutor	
91	Dr. Anuja Maniyar	MDS	Professor & HOD	
92	Dr. Varsha Sangale	MDS	Reader	
93	Dr. Smita Chaware	MDS	Lecturer	
94	Dr. Pragya G. Bhatnagar	BDS	Tutor	
95	Dr. Vijayalaxmi Sultanpuri	MDS	Reader	

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**MIDSR Dental College, Latur**

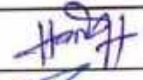

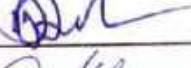

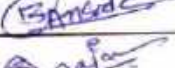
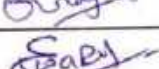
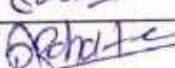
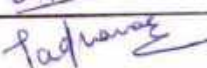
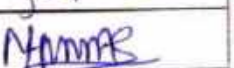
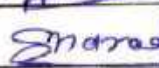
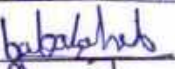

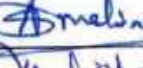

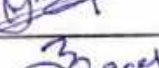

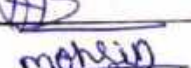

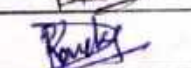
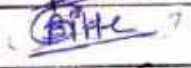
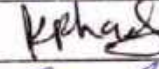
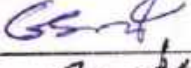
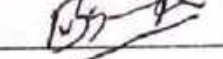


**Subjectwise Teaching Staff Attendance List**

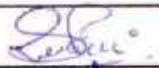

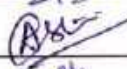
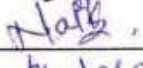

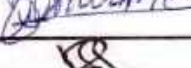


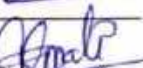


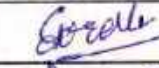
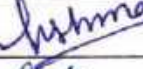


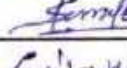
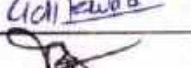
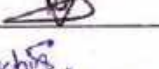
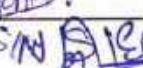

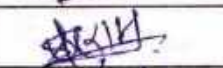

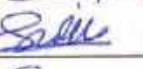





Sr. No.	Name of Employee	Qualification	Designation	Signature
96	Dr. Priyanka Lasune	MDS	Lecturer	
97	Dr. Sumeet P. Shah	MDS	Lecturer	
98	Dr. Ashwini Biradar	MDS	Reader	
99	Dr. Bhagwat Kendre	MDS	Lecturer	



Principal  
MIDSR Dental College, Latur

**MAEER PUNE'S  
MIDSR Dental College Latur  
Non-Teaching Staff Attendance List**

Sr. No.	Name of Employee	Design.	Signature
1	Mr. Baliram S. Handge	O.S.	
2	Mr. Netaji B. Deshmukh	Clerk	
3	Mr. Tanaji B. Jadhav	Clerk	
4	Mr. Nitin U. Gorde	Clerk	
5	Mr. Balaji S. Bansode	Clerk	
6	Mr. Gajanan N. Somwanshi	Clerk	
7	Mr. Swapnil V. Kshirsagar	Clerk	
8	Mr. Deepak R. Chate	Clerk	
9	Mr. Shankar S. Jadhavar	Clerk	
10	Mr. Navnath H. Mane	Peon	
11	Mr. Sharad U. Kopanbayne	Peon	
12	Mr. Babashaeb V. Kamble	Peon	
13	Mr. Govind S. Karmude	Clerk	
14	Mr. Amol S. Mahindrakar	Clerk	
15	Mr. Sachin P. Ranjane	Clerk	
16	Mr. Namdev S. Ghodke	Peon	
17	Mr. Babasaheb R. Bade	Sr. Clerk	
18	Mr. Hanmant N. Karad	Clerk	
19	Mr. Mohsin R. Sasture	Clerk	
20	Mr. Pravin K. Karad	Clerk	
21	Mr. Dnyanoba P. Kendre	Librarian	
22	Mrs. Gangasagar B. Gitte	Asst. Librarian	
23	Mrs. Kalpana D. Phad	Asst. Librarian	
24	Mr. Gorakh U. Sawant	Asst. Librarian	
25	Mr. Balasaheb V. Sarwade	Peon	

26	Mrs. Deepali B. Pandit	Clerk	
27	Mr. Sandip P. Somwanshi	Dental Tech.	
28	Mrs. Ashwini B. Bade	Dental Tech.	
29	Mr. Sandip Naik	Dental Tech.	
30	Miss. Kshitija M. Bhalerao	G.N.M.	
31	Mrs. Zumber S. Sonwane	A.N.M.	
32	Mr. Khandu N. Balwant	Peon	
33	Mr. Manoj M. Kamble	Peon	
34	Mr. Dagdu K. Phad	Peon	
35	Mr. Hanmant D. Mali	Clerk	
36	Mr. Laxman V. Sawate	X-Ray Tech	
37	Mr. Vijaykumar Patil	Dental Tech.	
38	Mr. Milind Garad	Dental Tech.	
39	Mrs. Sushma N. Bhosale	G.N.M.	
40	Mrs. <del>Govan</del> Govan S. Surwase	A.N.M.	
41	Mr. Sudhir V. Jadhav	Peon	
42	Mr. Somnath D. Landge	Peon	
43	Mr. Uttreshwar B. Gaikwad	Peon	
44	Mr. Sunil B. Munde	Sr. Clerk	
45	Mr. Sachin M. Deshmane	Dental Hygn.	
46	Mrs. Deepali S. Jadhav	G.N.M	
47	Mr. Subhash L. Zunjare	Peon	
48	Mr. Baliram S. Jadhav	Clerk	
49	Mr. Rahul L. Dhumal	Dental Tech.	
50	Mrs. Mudrika K. Sangle	A.N.M.	
51	Mr. Nayum U. Shaikh	Peon	
52	Mrs. Vishranti M. Sirsat	Clinical Asst.	
53	Mr. Mhadhu R. Munde	Clerk	



54	Miss. Laxmi R. Kamble	A.N.M.	Kamble
55	Mrs. Dipa P. Shimple	G.N.M	Shimple
56	Mrs. Maheshwari R. Dukare	G.N.M.	Dukare
57	Miss. Irale Seema	A.N.M.	Seema
58	Mrs. Varsha Y. Phad	A.N.M.	Phad
59	Mr. Nilkant V. Nawade	Peon	Nawade
60	Mr. Laxman R. Sawalkar	Peon	Sawalkar
61	Mr. Omkar B. Bhise	Clerk	Bhise
62	Mr. Kishor V. Musale	X-Ray Tech	Musale
63	Dr. Ashok Wani	Dental Tech.	Wani
64	Mr. Prabhakar P. Kande	Staff Nurse Male	Kande
65	Mrs. Usha D. Bansode	A.N.M.	Bansode
66	Mr. Akash A. Mane	Peon	Mane
67	Mr. Akshay B. Rautrao	Clerk	Akshay
68	Mrs. Pooja R. Nagargoje	G.N.M.	Nagargoje
69	Mrs. Keshar P. Chavan	A.N.M.	Chavan
70	Mrs. Shivkanya R. Kendre	A.N.M.	Kendre
71	Mrs. Sanjivani N. Rokade	X-Ray Tech	Rokade
72	Mr. Laxman D. Sonwane	X-Ray Tech	Sonwane
73	Mr. Sangram B. Sanap	Peon	Sanap
74	Mr. Dayaneshwar G. Deshmukh	Peon	Deshmukh
76	Mr. Rahul A. Karad	Clerk	Karad
78	Mrs. Jayshree G. Pawar	Peon	Pawar
79	Mr. Rahul P. Jante	Network Administrator	Jante
80	Mr. Ravindra S. Satpute	Network Administrator Asstt	Satpute
82	Mr. Sandeep C. Bhalerao	Chair Tech.	Bhalerao
83	Mr. Damodar H. Surwase	Electrician	Surwase
85	Mr. Gopal V. Munde	Chair Tech.	Munde

86	Mr. Subham A. Bhalerao	Chair Tech.	<i>Subham</i>
87	Mr. Amol A. Patil	Electrician	<i>Amol</i>
88	Mr. B. S. Munde	Electrician	<i>B. S. Munde</i>
89	Mr. Ramrao P. Sirsat	Pharmasist	<i>Ramrao Sirsat</i>
90	Mr. Amrut B. Borade	P.A. to Principal	<i>A. Borade.</i>
91	Mr. Vinayak R. Shinde	Sweepr	<i>V. R. Shinde</i>
92	Mr. Rahim B. Shaikh	W.Man	<i>Rahim</i>
93	Mr. Mahadev B. Pawar	W.Man	<i>Pawar</i>
94	Mr. Rakhmaji M. Kopanar	W.Man	<i>R. M. Kopanar</i>
95	Mr. Arjun D. Kadam	W.Man	<i>Arjun</i>
96	Mr. Vinayak C. Lawte	W.Man	<i>Vinayak</i>
97	Mr. Manohar V. Karad	W.Man	<i>Manohar</i>
98	Mr. Vikas. B. Munde	W.Man	<i>Vikas</i>
99	Mr. Sunil D. Lawate	W.Man	<i>Sunil</i>
100	Mr. Vishwas S. Jadhav	W.Man	<i>Vishwas</i>



MAEER PUNE'S

**MAHARASHTRA INSTITUTE OF DENTAL  
SCIENCE AND RESEARCH LATUR INDIA  
(DENTAL COLLEGE & HOSPITAL)**



Address : Vishwanathpuram Ambajogai Road,  
Latur. 413531 (Maharashtra)

Tel : (02382) 227703, 227424  
Fax : (02382) 228063

Email : principal@mitmidr.edu.in  
midr.latur@gmail.com  
Website : www.mitmidr.edu.in

MAEER/MIDSR/Gen.Adm/703/79/2021

Date:-22/04/2021

To,

**The Principal**

**MIDSR Dental College, Latur.**

**Subject - Letter regarding successful completing of Immunization programme.**

**Respected Sir,**

I Dr. Ajit Jankar chairperson of welfare and grievance committee is glad to inform you that vaccination programme against COVID-19 virus in collaboration with MIMSR Medical College, Latur was organized on 20/01/2021 to 20/04/2021 as per reference no. MIDSR/STU/827/2022, date :- 16/07/2022 was conducted successfully.

Total No. of teaching Non-Teaching staff Vaccinated under the programme

01. Total Teaching staff - 99
02. Total Non-Teaching staff - 100



  
**Chairman  
Welfare & Grievance committee  
MIDSR Dental College, Latur**



No: MIMSR/EST/1577/22.

Date: 12/09/2022.

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that, Vaccination programme against COVID-19 in collaboration with MIMSR Medical College, Latur organized on 20/01/2021 to 20/04/2021 as per reference no. **MAEER/MIDSR/Gen.Adm/703/2022** was conducted successfully for Teaching & Non-Teaching staff.

Hence this certificate.

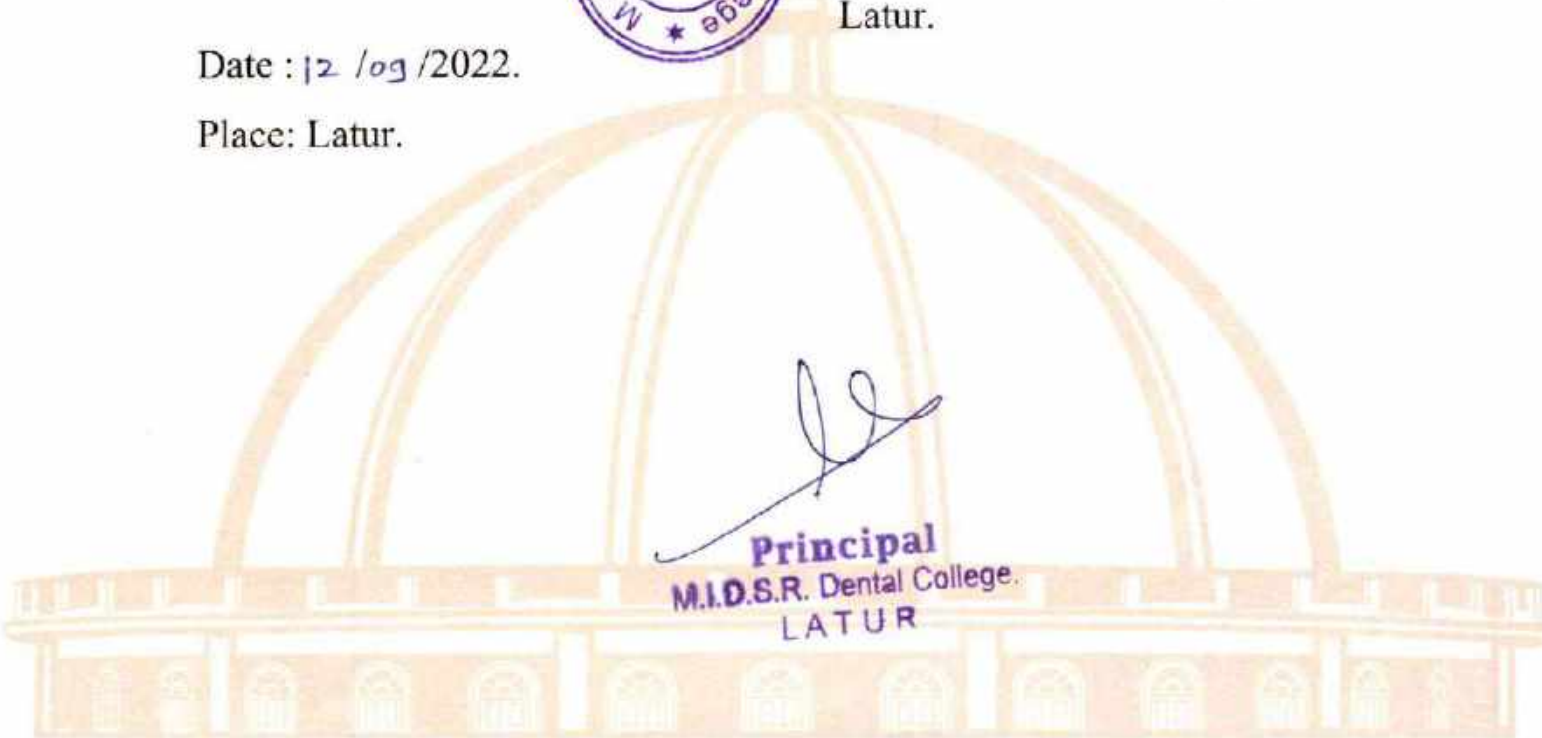


**Principal,**  
MIMSR Medical College,  
Latur.

Date : 12 /09 /2022.

Place: Latur.

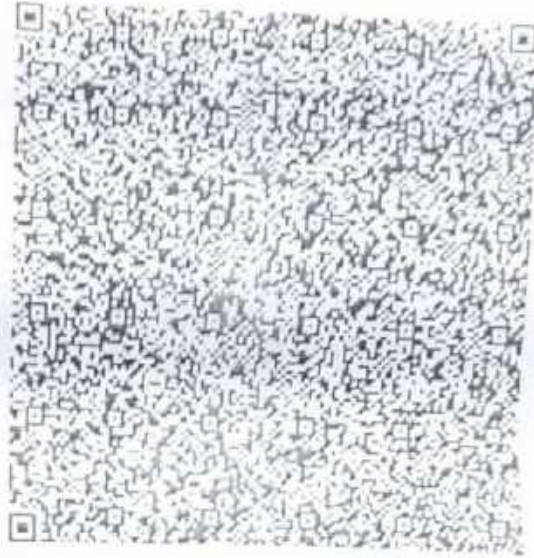
**Principal**  
M.I.D.S.R. Dental College.  
LATUR





Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Dr. VISHAKATA D. BHARDOL

Age / आयु  
44

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
PAN Card # AHZPB7786J

Beneficiary Reference ID  
21383116850290

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैश्वीकरण का नाम  
COVISHIELD

Date of Dose / सुटका की तारीख  
22 Feb 2021 (Batch no. 41202012)

Vaccinated by / टीका लगाये जाने का नाम  
Shakeri Huplinge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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

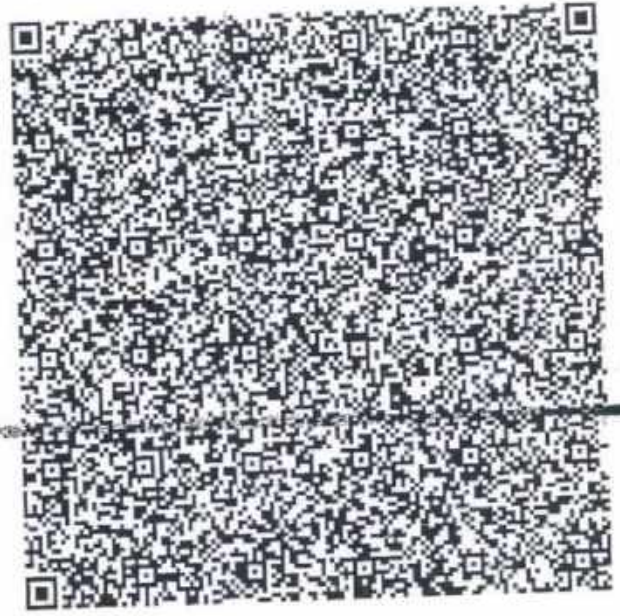


For more details, schemes and to check status contact the nearest Public Health Centre or contact the Call Centre Helpline No. 1025

आपके अधिकारिता, योजनाओं और स्थिति जांचने के लिए सबसे निकट का सार्वजनिक स्वास्थ्य केंद्र या कॉल सेंटर हेल्पलाइन नंबर 1025 पर संपर्क करें।



Ministry of Health & Family Welfare  
Government of India



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

**Beneficiary Details**

Beneficiary Name / लाभार्थी का नाम  
Dr. Omkumar Nemichand Baghele

Age / उम्र  
44

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
PAN Card # AGSPB3209Q

Beneficiary Reference ID  
21383938807177

Residing at / पता  
Latur  
Maharashtra

**Vaccination Details**

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
25 Jan 2021 (Batch no. 4120Z012)  
*2nd Dose given on 24/2/21 Veripon*

Next Due Date / अगली नियत तिथि  
after 28 days

Vaccinated by / टीका लगाने वाले का नाम  
bhagyshre pedi

Vaccination at / टीकाकरण का स्थान  
MIT Medical Colleges Kasargaon Latur, Latur  
Maharashtra

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



**COWIN**  
Winning Over COVID

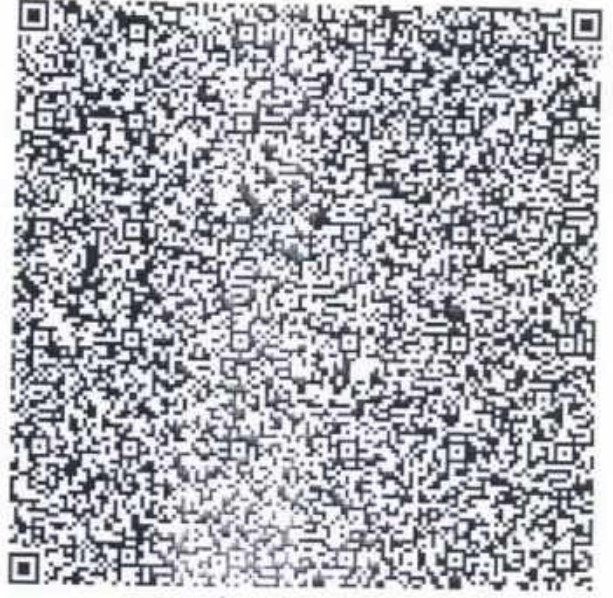
In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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



Ministry of Health & Family Welfare  
Government of India

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



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Gauri Mahesh Ugale

Age / उम्र  
42

Gender / लिंग  
Female

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXX585R

Beneficiary Reference ID  
21383777351447

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सिन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
20 Jan 2021 (Batch no. 4120Z012)

Next Due Date / अगली नियत तिथि  
after 28 days

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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



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टीकाकरण परवात किसी प्रतिबुल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कार्यकर्ता/डिस्ट्रिक्ट टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Raghavendra Nagendrappa Metri

Age / उम्र  
39

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar Card

Beneficiary Reference ID  
21383512144842

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
19 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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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

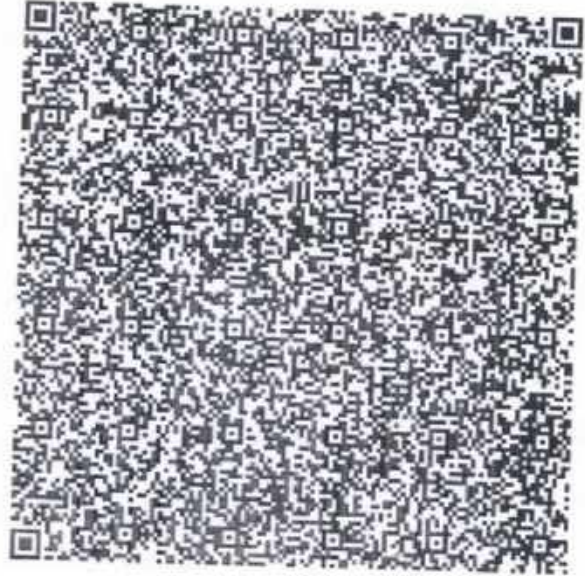
टीकाकरण पर्याप्त किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें





Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Suresh Kundalikrao Kangane

Age / उम्र  
46

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXXCard

Beneficiary Reference ID  
21383641486268

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
24 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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- Prime Minister Narendra Modi



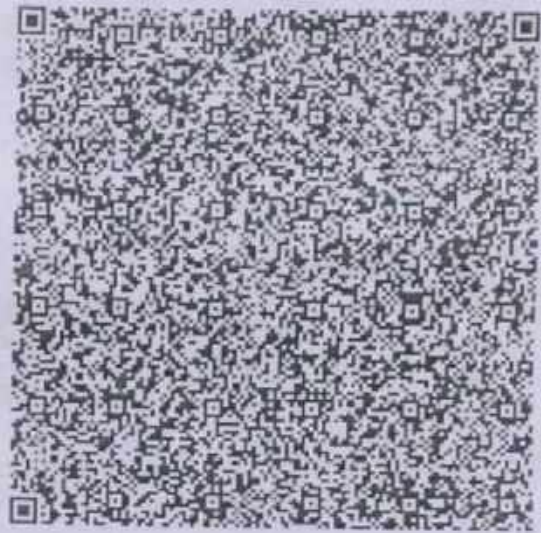
In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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



Ministry of Health & Family Welfare  
Government of India

**Final Certificate**  
for COVID-19 Vaccination



Beneficiary Details

**Beneficiary Name / लाभार्थी का नाम**  
Dr. Pravinkumar Sharanappa M

**Age / उम्र**  
40

**Gender / लिंग**  
Male

**ID Verified / पहचान पत्र सत्यापित**  
PAN Card # ATMPM9360J

**Beneficiary Reference ID**  
21383846255722

**Residing at / पता**  
Latur  
Maharashtra

Vaccination Details

**Vaccine Name / वैक्सिन का नाम**  
COVISHIELD

**Date of Dose / खुराक की तारीख**  
19 Feb 2021 (Batch no. 4120Z012)

**Vaccinated by / टीका लगाने वाले का नाम**  
Shakerd Hipparge

**Vaccination at / टीकाकरण का स्थान**  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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- Prime Minister Narendra Modi



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यदि किसी भी प्रकार के प्रतिकूल घटना का होना या लक्षणों का होना महसूस हो तो कृपया निकटतम स्वास्थ्य कर्मियों/डिस्ट्रिक्ट टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर संपर्क करें



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 15437175013

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Sujit Navnath Zadake
Age / वय	29
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX2205
Unique Health ID (UHID)	77-5780-8540-0763
Beneficiary Reference ID	21383678664920
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / लसीचे नाव	COVAXIN
Vaccine Type / लस प्रकार	COVID-19 vaccine, inactivated virus
Manufacturer / उत्पादक	Bharat Biotech
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-04-21 2021-08-03
Batch Number / बॅच क्रमांक	37F21028A 37I21016A
Vaccinated By / यांच्याद्वारे लसीकरण	Kallurkar
Vaccination At / लसीकरणाचे स्थळ	Nandgaon SC Bhatangali PHC, Latur, Maharashtra



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

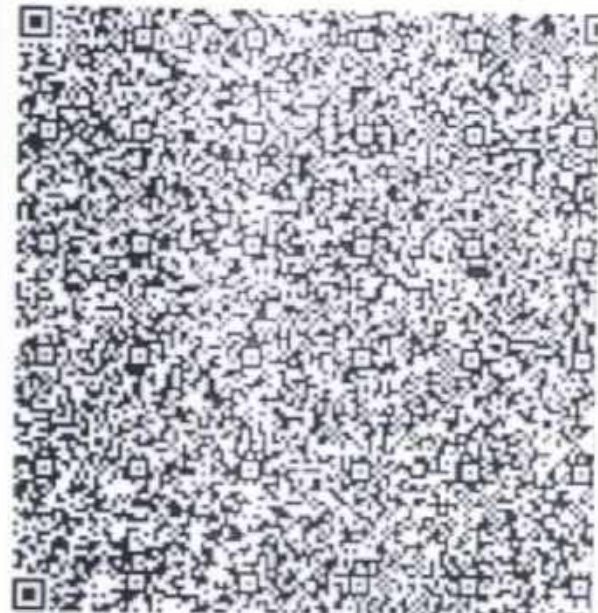
- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा  
कार्यकारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक 1075 वर संपर्क साधा.

COWIN

Winning Over COVID





Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Yatishkumar Satyanarayan Joshi

Age / उम्र  
37

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXXXCard

Beneficiary Reference ID  
21383336256521

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
24 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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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

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



Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लामार्थीचे नाव	Siddharth Sanjay Phadkule
Age / वय	35
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7244
Unique Health ID (UHID)	
Beneficiary Reference ID	21383661593074

### Vaccination Details

Vaccine Name / लसीचे नाव	COVAXIN
Date of Dose / डोसची तारीख	11 Jun 2021 (Batch no. 37F21058A)
Vaccinated by / यांच्याद्वारे लसीकरण	bhoinawad m g
Vaccination at / लसीकरणाचे स्थळ	SDH NILANGA - 1, Latur, Maharashtra



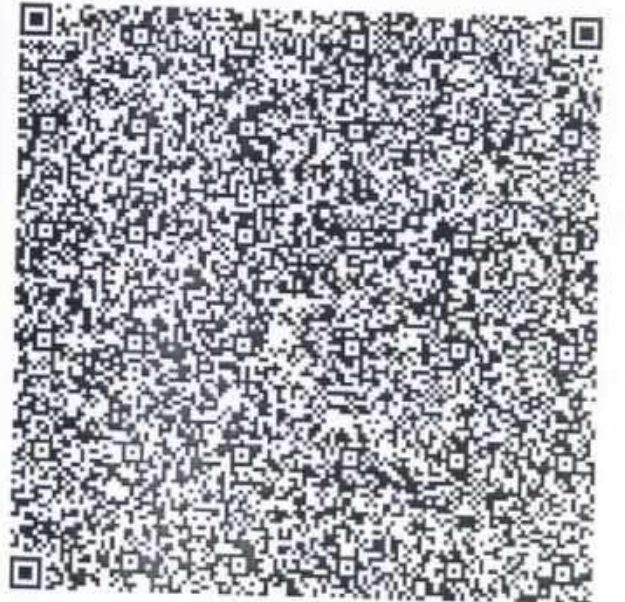
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19”

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

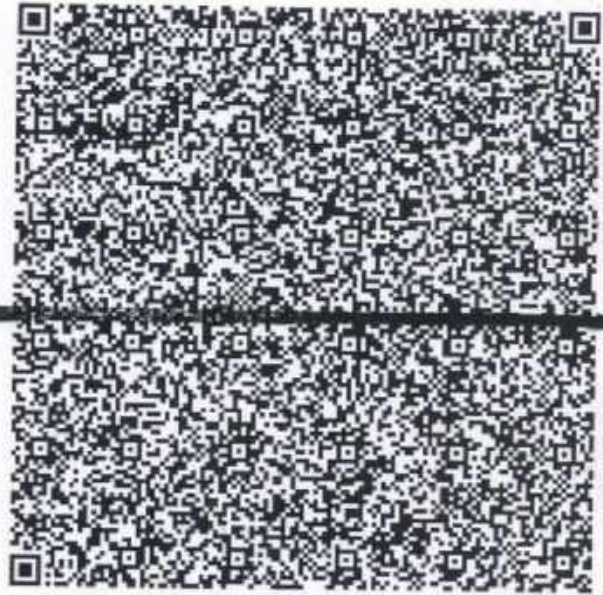
**COWIN**  
Winning Over COVID



This is a secure QR code. For further details, please visit  
<https://www.cowin.gov.in>



Ministry of Health & Family Welfare  
Government of India



*Final Certificate  
for COVID-19 Vaccination*

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Dr. Chaitanya C Khanapure

Age / उम्र  
35

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
PAN Card # DTWPK613BK

Beneficiary Reference ID  
21383829394850

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
16 Mar 2021 (Batch no. 4120Z013)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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

- Prime Minister Narendra Modi



**COWIN**  
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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

टीकाकरण पर्याप्त किरी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्म/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें



Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Dr. Shilpa Kendre
Age / वय	43
Gender / लिंग	Female
ID Verified / ओळखपत्र	PAN Card # AKYPB9151D
Unique Health ID (UHID)	
Beneficiary Reference ID	21383598609441

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	22 Feb 2021 (Batch no. 4120Z012)
Vaccinated by / यांच्याद्वारे लसीकरण	Shakerd Hipparge
Vaccination at / लसीकरणाचे स्थळ	MIT Medical College, Latur, Maharashtra

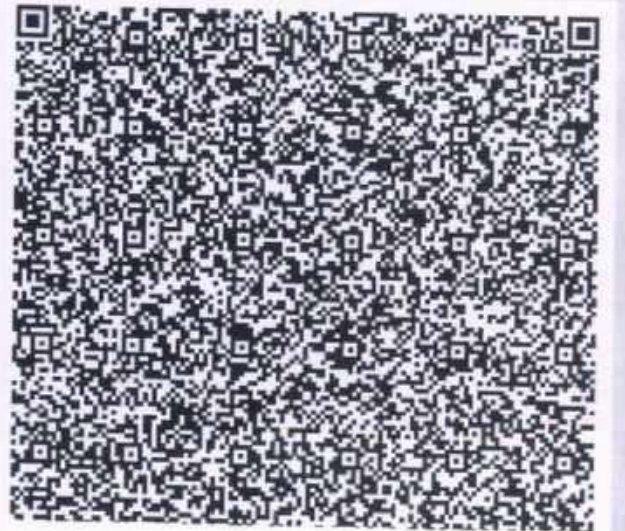


औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19”

- पंतप्रधान श्री. नरेंद्र मोदी

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

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





## Account Details

XXX-XXX-0470

### Linked Account

You can add up to 4 individuals with one mobile number

Sujit Navnath Zadake | Male

Partially Vaccinated

Year of Birth: 1992

Photo ID: Aadhaar Card

ID Number: XXXX-2205

**Dose 1** Appointment details not available

[Certificate](#)

**Dose 2** Due date 19 May 2021

[Schedule](#)





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 23019974528

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Yogeeta Munde
Age / वय	25
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX0870
Unique Health ID (UHID)	
Beneficiary Reference ID	21385752761532
Vaccination Status / लसीकरण स्थिती	Partially Vaccinated (1 Dose)

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Vaccine Type / लस प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India
Dose Number / डोस क्रमांक	1/2
Date of Dose / डोसची तारीख	2021-04-29
Batch Number / बॅच क्रमांक	4121Z059
Next Due Date / पुढील देय तारीख	Between 22 Jul 2021 and 19 Aug 2021
Vaccinated By / यांच्याद्वारे लसीकरण	Katare Sister
Vaccination At / लसीकरणाचे स्थळ	Dist Hosp Parbhani COVISHIELD, Parbhani, Maharashtra



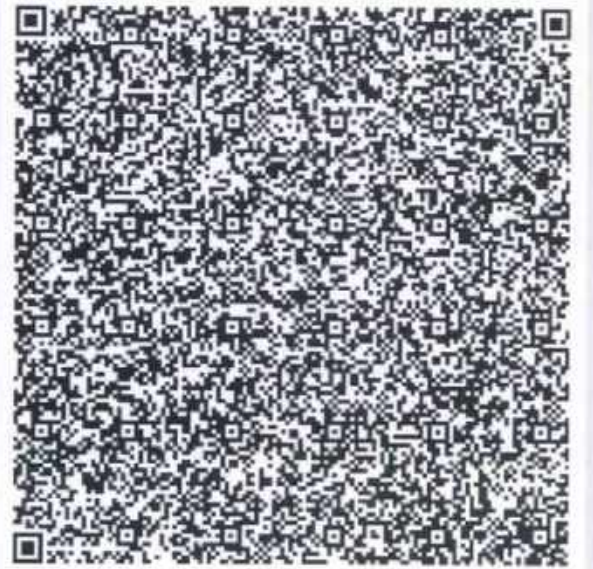
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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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 / लाभार्थीचे नाव	Amruta Dinkarrao Kendre
Age / वय	26
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX3926
Unique Health ID (UHID)	41-4502-8532-3257
Beneficiary Reference ID	33707675105560

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 <sup>st</sup> Dose / पहिल्या डोसची तारीख	31 Jul 2021 (Batch no. 4121MC037)
Date of 2 <sup>nd</sup> Dose / दुसऱ्या डोसची तारीख	10 Nov 2021 (Batch no. 4121Z011M)
Vaccinated by / यांच्याद्वारे लसीकरण	JAYASHRI GONE
Vaccination at / लसीकरणाचे स्थळ	Jatal Hospital Latur MC, Latur, Maharashtra



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

- पंतप्रधान श्री. नरेंद्र मोदी



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

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

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<http://cowin.mca.gov.in>



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: 48507093019

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Tanuja Shriram Kendre
Age / वय	26
Gender / लिंग	Female
ID Verified / ओळखण	Aadhaar # XXXXXXXXB705
Unique Health ID (UHID)	76-1B15-0110-4480
Beneficiary Reference ID	74165150255880
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / लसीचे नाव	COVAXIN	
Vaccine Type / लस प्रकार	COVID-19 vaccine, inactivated virus	
Manufacturer / उत्पादक	Bharat Biotech	
Dose Number / डोस क्रमांक	1/2	2/2
Date of Dose / डोसची तारीख	03 Aug 2021	09 Sep 2021
Batch Number / बॅच क्रमांक	37I21016A	37F21116A
Vaccinated By / योज्याद्वारे लसीकरण	Chauri A	
Vaccination At / लसीकरणस्थळ	ITI College MC, Latur, Maharashtra	



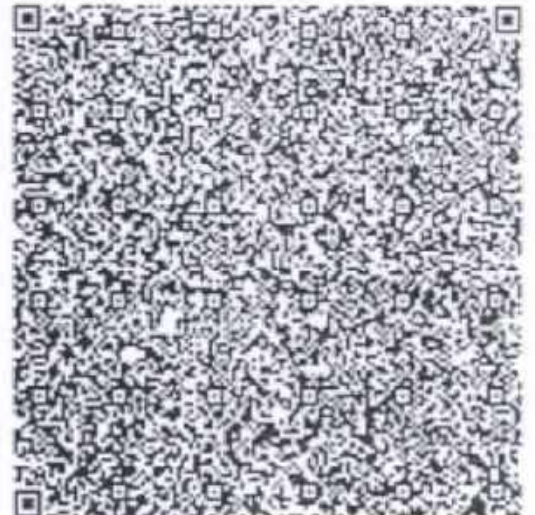
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतीही अस्वस्थता/परिणाम भावपूर्ण भावना/रुग्णता/उपचार नसताने कायदेशीर आरोग्य केंद्र, आरोग्यसेवा  
कर्मचारी/जिल्हा लसीकरण अधिकारी/राज्य हॉटलाइन क्रमांक 1075 पर संपर्क साधा.

**COWIN**  
Winning Over COVID

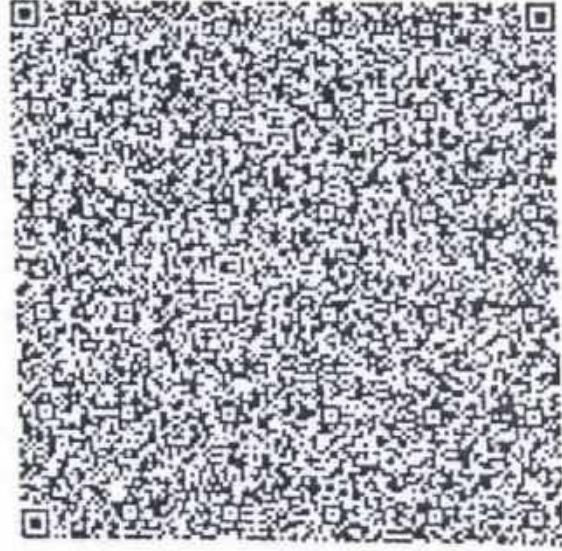


This certificate can be verified by scanning the QR code at  
<http://verify.cowin.gov.in>



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Ashwini S Biradar

Age / उम्र  
37

Gender / लिंग  
Female

ID Verified / पहचान पत्र सत्यापित  
Aadhaar Card

Beneficiary Reference ID  
21383401875864

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
19 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

" दवाई भी और कड़ाई भी।  
Together, India will defeat COVID-19 "

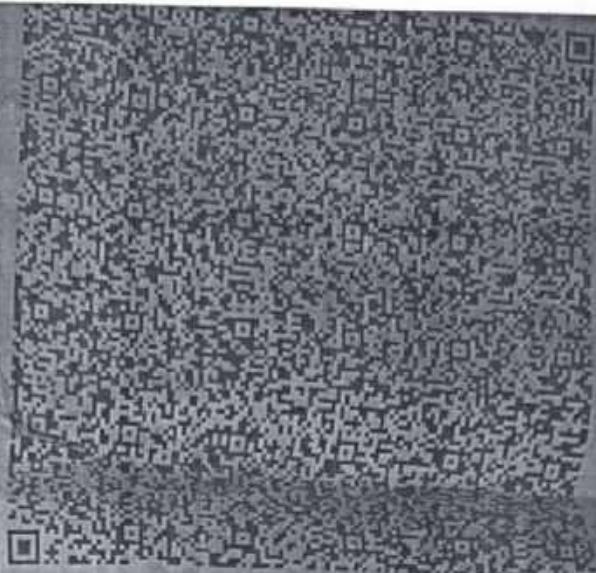
- Prime Minister Narendra Modi



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

टीकाकरण पर काल प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर संपर्क करें

Provisional Certificate  
for COVID-19 Vaccination



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Bhaqwal Mahendra Kendre

Age / उम्र  
32

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXX048K

Beneficiary Reference ID  
21383237048320

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
20 Jan 2021 (Batch no. 4120Z012)  
Feb 2021

Next Due Date / अगली निश्चित तिथि  
after 28 days

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur,  
Maharashtra

*Dr. Vaidya*

- दवाई भी और कड़ाई भी।  
Together, India will defeat COVID-19

- Prime Minister Narendra Modi



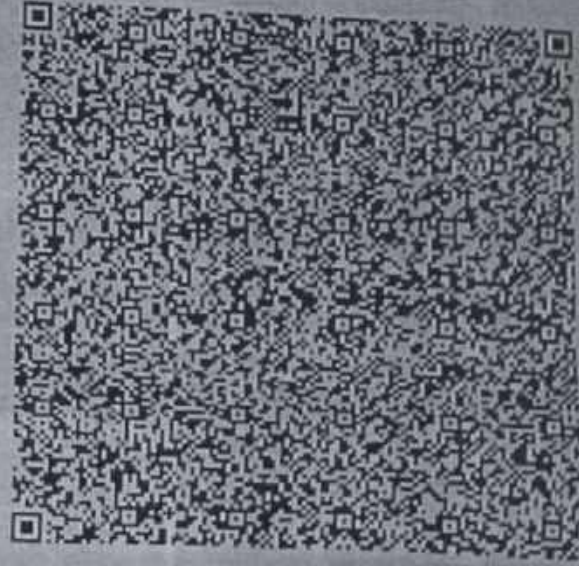
In case of any adverse events, kindly contact  
Office/State Helpline No. 1075

कोविसीएम (COWIN) में किसी भी प्रकार के अशुभ घटनाक्रम की सूचना देना या किसी भी प्रकार के अशुभ घटनाक्रम की सूचना देना  
समाप्त करें।  
In case of any adverse events, kindly contact  
Office/State Helpline No. 1075



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Anuja Mahesh Mahiyar

Age / उम्र  
45

Gender / लिंग  
Female

ID Verified / पहचान पत्र सत्यापित  
Aadhaar Card

Beneficiary Reference ID  
21383809808944

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / सुराफ की तारीख  
19 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।

Together, India will defeat COVID-19 ”

- Prime Minister Narendra Modi



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Winning Over COVID

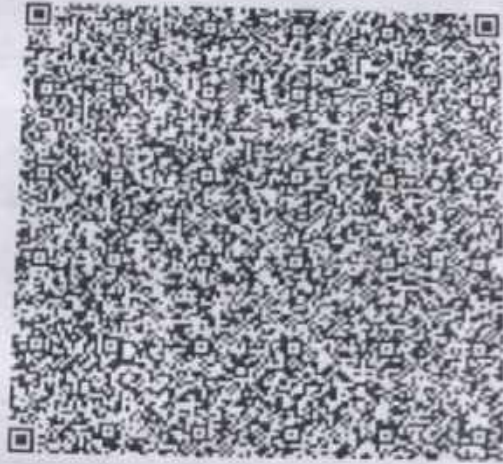
In case of any adverse events, kindly contact the nearest Public Health Centre/Samakhya Workers/Disaster Management Cell/DCI Officer/State Helpline No. 1075

टीकाकरण परवात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/समाख्ये कार्यकर्ता/डिजास्टर मैनेजमेंट सेल/डीसी ऑफिस/राज्य हेल्पलाइन 1075 पर संपर्क करें



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Dr. Varsha Ajit Sangale

Age / उम्र  
37

Gender / लिंग  
Female

ID Verified / पहचान पत्र सत्यापित  
PAN Card # CNFPS6935J

Beneficiary Reference ID  
21383411304822

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैकसीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
19 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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

- Prime Minister Narendra Modi



**COWIN**  
Winning Over COVID

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

टीकाकरण के बाद किसी भी प्रकार के घटना के होने का खतरा नहीं है। इसके लिए नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कार्यकर्ता/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर  
संपर्क करें

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Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव **Smita Jembu Chaware**  
Age / वय **31**  
Gender / लिंग **Female**  
ID Verified / ओळखपत्र **Aadhaar # XXXXXXXXXCard**  
Unique Health ID (UHID)  
Beneficiary Reference ID **21383308894586**

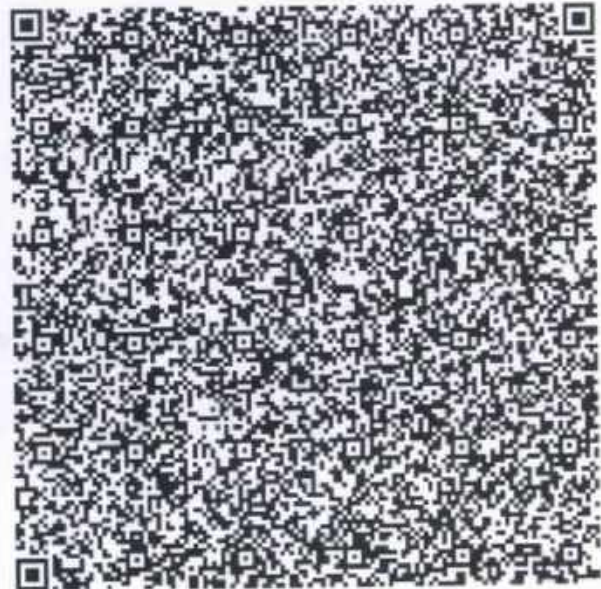
### Vaccination Details

Vaccine Name / लसीचे नाव **COVISHIELD**  
Date of Dose / डोसची तारीख **22 Feb 2021 (Batch no. 4120Z012)**  
Vaccinated by / यांच्याद्वारे लसीकरण **Shakerd Hipparge**  
Vaccination at / लसीकरणाचे स्थळ **MIT Medical College, Latur, Maharashtra**



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

- पंतप्रधान श्री. नरेंद्र मोदी



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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा  
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ पर 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 30038717781

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Bhushan Rajendra Bangar
Age / वय	44
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXX678R
Unique Health ID (UHID)	44-1486-8227-8671
Beneficiary Reference ID	21383104081241
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses) and a Precaution Dose

### 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	Precaution dose
Date of Dose / डोसची तारीख	20 Jan 2021	19 Feb 2021	10 Jan 2022
Batch Number / बॅच क्रमांक	4120Z012	4120Z012	4121P161
Vaccinated By / यांच्याद्वारे लसीकरण	MAMTA TAKSANDE		
Vaccination At / लसीकरणाचे स्थळ	PMC P 14 Apollo Clinic Vimnng, Pune, Maharashtra		



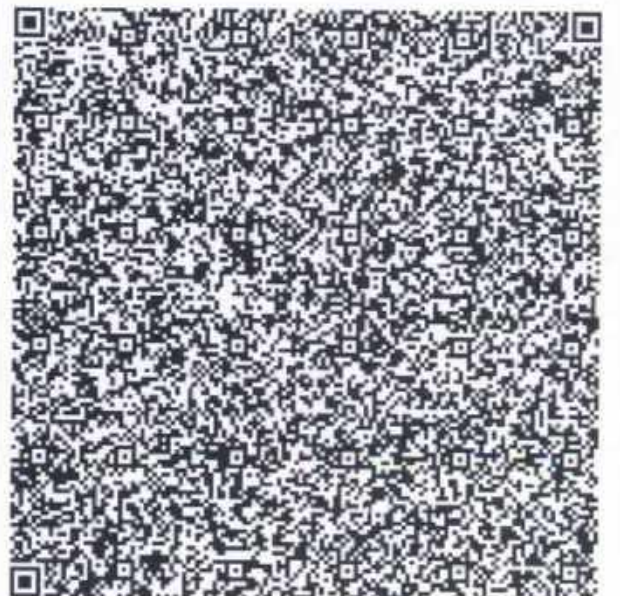
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

**COWIN**  
Winning Over COVID



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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 32738234452

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Gajare Susheen Mahadevrao
Age / वय	41
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXX148N
Unique Health ID (UHID)	11-2144-1024-1156
Beneficiary Reference ID	21383866458509
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses) and a Precaution Dose

### Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	Kallurkar
Vaccination At / लसीकरणाचे स्थळ	Nandgaon SC Bhatangali PHC, Latur, Maharashtra

Dose Number डोस क्रमांक	Date of Dose डोसची तारीख	Vaccine Name लसीचे नाव	Batch Number बॅच क्रमांक	Vaccine Type लस प्रकार	Manufacturer उत्पादक
1/2	20 Jan 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	19 Feb 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	13 Jan 2022	COVISHIELD	4121MC143	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



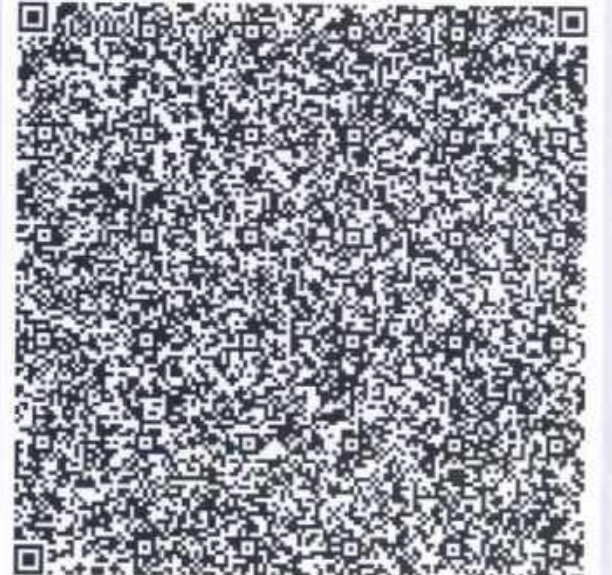
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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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 80844738533

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Sandeep Suresh Fere
Age / वय	34
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXX667D
Unique Health ID (UHID)	14-3178-1647-1447
Beneficiary Reference ID	21383816813259
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses) and a Precaution Dose

### Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	Raktale Sister
Vaccination At / लसीकरणाचे स्थळ	Nandurga SC Matola PHC, Latur, Maharashtra

Dose Number डोस क्रमांक	Date of Dose डोसची तारीख	Vaccine Name लसीचे नाव	Batch Number बॅच क्रमांक	Vaccine Type लस प्रकार	Manufacturer उत्पादक
1/2	20 Jan 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	19 Feb 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	12 Feb 2022	COVISHIELD	4151MC151	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



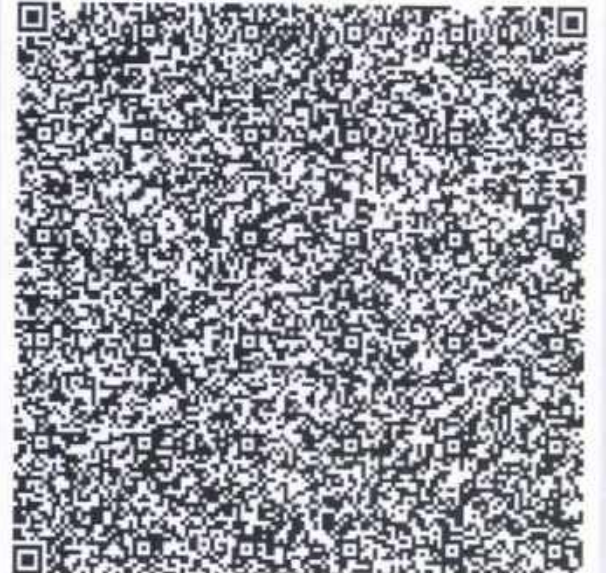
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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Ministry of Health & Family Welfare  
Government of India



*Final Certificate  
for COVID-19 Vaccination*

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
yogesh jagannath kale

Age / उम्र  
45

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar Card

Beneficiary Reference ID  
21383199380472

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
17 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

Residing at / निवास  
Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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

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



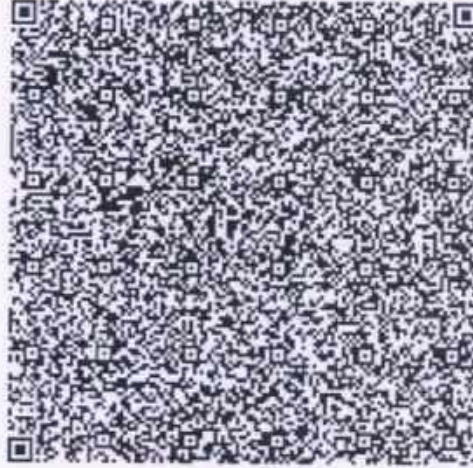
# C+WIN

## Winning Over COVID - 19



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



### Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Mahesh Vilasrao Dadpe

Age / उम्र  
42

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXXCard

Beneficiary Reference ID  
21383931556169

Residing at / पता  
Latur  
Maharashtra

### Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

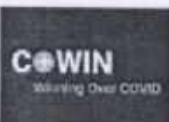
Date of Dose / सुटक की तारीख  
24 Feb 2021 (Batch no. 41202012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

" दवाई भी और कड़ाई भी।  
Together, India will defeat COVID-19 "

- Prime Minister Narendra Modi

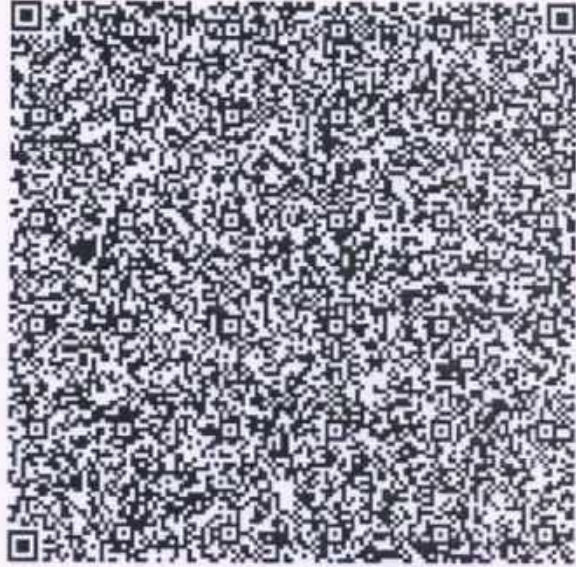


In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State Helpline No. 1025

टीकाकरण पर खतरा किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कार्यकर्ता/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1025 पर सम्पर्क करें



Ministry of Health & Family Welfare  
Government of India



*Final Certificate  
for COVID-19 Vaccination*

**Beneficiary Details**

**Beneficiary Name / लाभार्थी का नाम**  
Prasanna Trambakrao Dahake

**Age / उम्र**  
39

**Gender / लिंग**  
Male

**ID Verified / पहचान पत्र सत्यापित**  
Aadhaar # XXXXXX021H

**Beneficiary Reference ID**  
21383603024429

**Residing at / पता**  
Latur  
Maharashtra

**Vaccination Details**

**Vaccine Name / वैक्सीन का नाम**  
COVISHIELD

**Date of Dose / खुराक की तारीख**  
18 Feb 2021 (Batch no. 4120Z012)

**Vaccinated by / टीका लगाने वाले का नाम**

**Vaccination at / टीकाकरण का स्थान**  
MIT Medical College, Latur

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

**- Prime Minister**

**C+WIN**  
Winning Over COVID

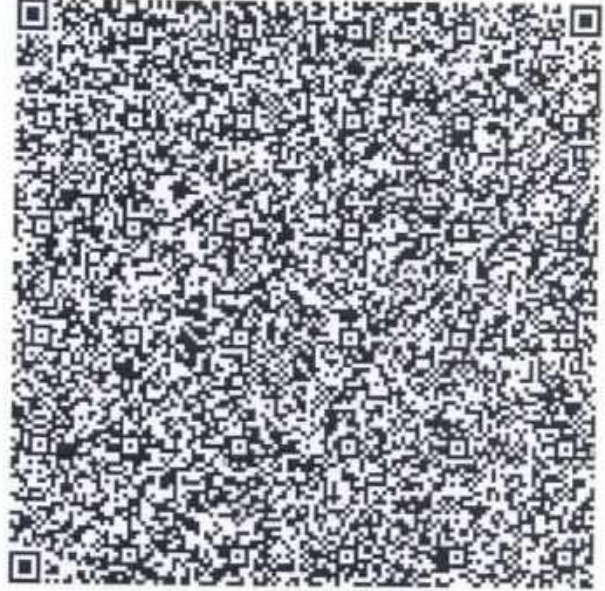
In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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



Ministry of Health & Family Welfare  
Government of India

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



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Shrikant Bhujangrao Kendre

Age / उम्र  
32

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXX957Q

Beneficiary Reference ID  
21383582227338

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सिन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
20 Jan 2021 (Batch no. 4120Z012)

Next Due Date / अगली नियत तिथि  
after 28 days

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hippargé

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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



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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

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



Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Yogesh Somwanshi
Age / वय	34
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7891
Unique Health ID (UHID)	
Beneficiary Reference ID	21393525700102

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 <sup>st</sup> Dose / पहिल्या डोसची तारीख	27 Mar 2021 (Batch no. 41202013)
Date of 2 <sup>nd</sup> Dose / दुसऱ्या डोसची तारीख	14 May 2021 (Batch no. 4121Z066)
Vaccinated by / यांच्याद्वारे लसीकरण	Chuhan Priyanka
Vaccination at / लसीकरणाचे स्थळ	TATA Advhance Centre For Treat, Raigad, Maharashtra

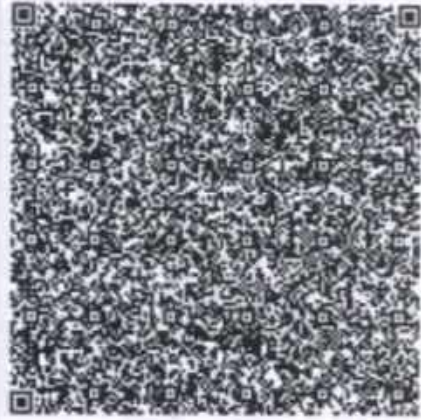


औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
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- पंतप्रधान श्री. नरेंद्र मोदी

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

कोरोनाची लक्षणे दिसल्यास त्वरित आरोग्य केंद्रात जाऊन डॉक्टरांना लक्षात घ्या. डॉक्टरांना  
संपर्क: किंग हॉस्पिटल सर्व्हिस असलेल्या कोवॅडिओवर 1075 वर 24x7 संपर्क घ्या.

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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 83115807190

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Poonam Gorakh Gavali
Age / वय	34
Gender / लिंग	Female
ID Verified / ओळखपत्र	PAN Card # BJNPG5211J
Unique Health ID (UHID)	
Beneficiary Reference ID	21375704193304
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	05 Aug 2021 19 Jan 2022
Batch Number / बॅच क्रमांक	4121MF042 4121MF042
Vaccinated By / यांच्याद्वारे लसीकरण	Rupali Waghmare
Vaccination At / लसीकरणाचे स्थळ	RH Natepute MS, Solapur, Maharashtra



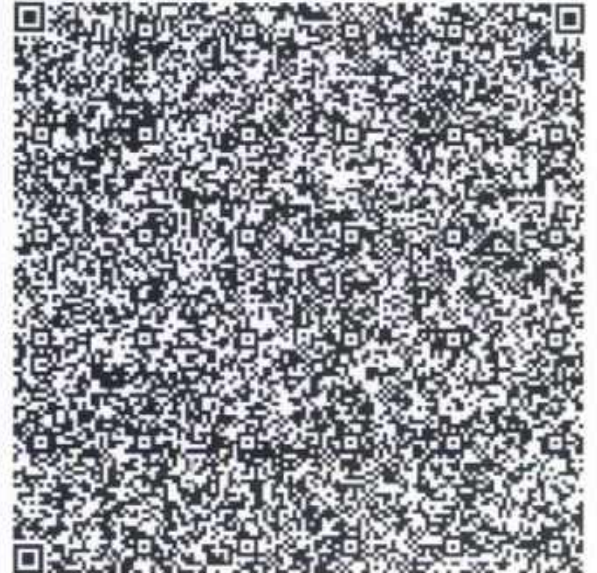
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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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 37002152442

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Mundhe Priyanka Dnyanoba
Age / वय	30
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXX2610
Unique Health ID (UHID)	
Beneficiary Reference ID	21385293772988
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	Kallurkar
Vaccination At / लसीकरणाचे स्थळ	Nandgaon SC Bhatangali PHC, Latur, Maharashtra

Dose Number डोस क्रमांक	Date of Dose डोसची तारीख	Vaccine Name लसीचे नाव	Batch Number बॅच क्रमांक	Vaccine Type लस प्रकार	Manufacturer उत्पादक
1/2	22 Mar 2021	COVAXIN	37G20009A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	03 Aug 2021	COVAXIN	37I21016A	COVID-19 vaccine, inactivated virus	Bharat Biotech



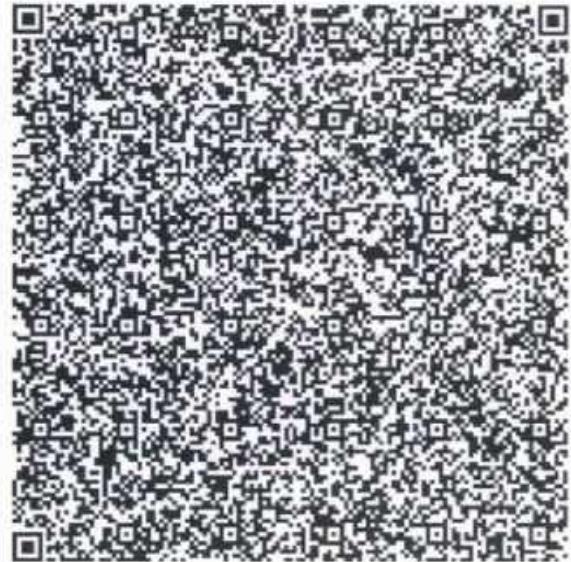
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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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: **MR306772**

#### Beneficiary Details

Beneficiary Name / जन्मदिनांक	<b>Jabin Mohiddinkhan Pathan</b>
Age / आयु	<b>29</b>
Gender / लिंग	<b>Female</b>
ID Verified / प्रमाणित	<b>Aadhaar # XXXXXXXX9665</b>
Unique Health ID (UHI)	<b>21083723842294</b>
Beneficiary Reference ID	<b>Fully Vaccinated (2 Doses)</b>
Vaccination Status / टीकाकरण स्थिति	

#### Vaccination Details

Vaccine Name / टीका का नाम	<b>COVISHIELD</b>	
Vaccine Type / टीका प्रकार	<b>COVID-19 vaccine, non-replicating viral vector</b>	
Manufacturer / निर्माता	<b>Serum Institute of India Pvt. Ltd.</b>	
Dose Number / डोज क्रमांक	<b>1/2</b>	<b>2/2</b>
Date of Dose / टीका मिला	<b>2021-07-06</b>	<b>2021-12-02</b>
Batch Number / बैच क्रमांक	<b>4121MC019</b>	<b>4121Z241</b>
Vaccinated By / टीका लगाया	<b>Kalshete N S</b>	
Vaccination At / टीकाकरण स्थान	<b>RH AUSA - 1, Latur, Maharashtra</b>	



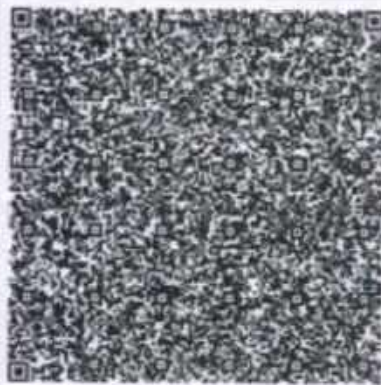
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19\*

- पंतप्रधान श्री. नरेंद्र मोदी

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

अधिकृत डॉक्टर/पब्लिक हेल्थ सेंटर/आरोग्य कर्मचारी/डॉक्टर/राज्य हेल्प लाईन क्रमांक 1075 यास संपर्क करावा. किंवा, डॉक्टरांच्या  
अधिकृत डॉक्टर/पब्लिक हेल्थ सेंटर/आरोग्य कर्मचारी/डॉक्टर/राज्य हेल्प लाईन क्रमांक 1075 यास संपर्क करावा.

**COWIN**  
Winning Over COVID



This certificate can be verified by using the QR code or call centre at  
1075. <https://covid.gov.in>



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 63937070433

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Shrawani Suryakant Mankar
Age / वय	27
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX3191
Unique Health ID (UHID)	
Beneficiary Reference ID	21365368203207
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
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-03-16 2021-04-19
Batch Number / बॅच क्रमांक	4120Z013 4121Z048
Vaccinated By / यांच्याद्वारे लसीकरण	Nanda Kamble
Vaccination At / लसीकरणाचे स्थळ	LMH NKP Hingna Session Site, Nagpur, Maharashtra



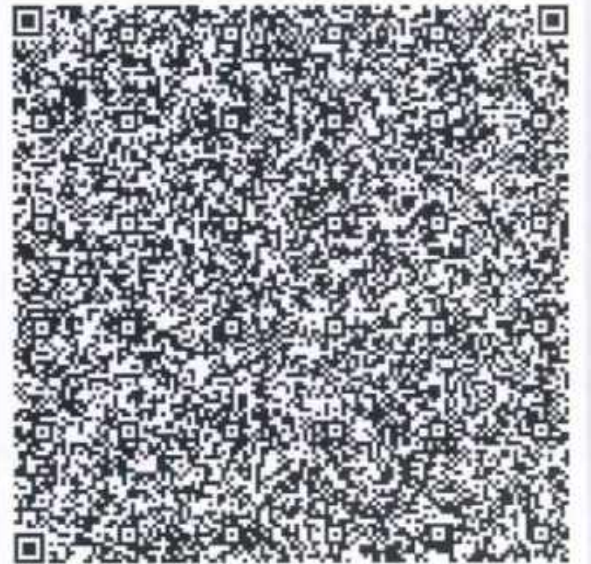
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

**COWIN**  
Winning Over COVID



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



Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Somnath Vaijanath Gitte
Age / वय	41
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXXCard
Unique Health ID (UHID)	
Beneficiary Reference ID	21383244821374

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	17 Feb 2021 (Batch no. 4120Z012)
Vaccinated by / यांच्याद्वारे लसीकरण	Shakerd Hipparge
Vaccination at / लसीकरणाचे स्थळ	MIT Medical College, Latur, Maharashtra



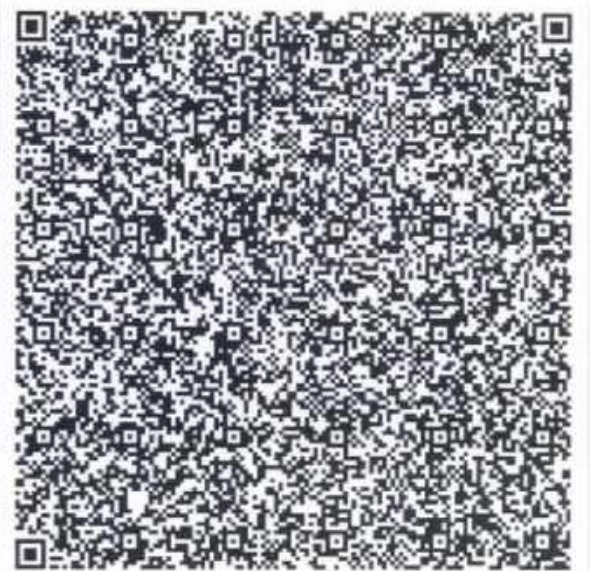
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा  
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक 1075 वर संपर्क साधा.

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<https://verify.cowin.gov.in>

← certificate.pdf



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: 47729725782

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Poonam Shivaji Murkute
Age / वय	26
Gender / लिंग	Female
ID Verified / ओळखले	Aadhaar # XXXXXXXXCard
Unique Health ID (UHID)	
Beneficiary Reference ID	21383265426889
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
Dose Number / डोस क्रमांक	1/2                      2/2
Date of Dose / डोसची तारीख	2021-03-08              2021-04-28
Batch Number / बॅच क्रमांक	41202012              41212059
Vaccinated By / लस देणारे तसेलवान	V T KAMBLE
Vaccination At / लसीकरण ठिकाण	Jayshwadi Corporation Hospital, Parbhani, Maharashtra



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

- पंतप्रधान श्री. नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/Doctor immediately. Call/State Helpline No. 1075

अशाप्रमाणे कोणत्याही अडथळ्यांमध्ये लगेच संपर्क साधावा. कृपया संपर्क साधावा. कॉल/राज्य  
सहाय्य केंद्र (1075) यावर लगेच कॉल करा. (1075) यावर लगेच कॉल करा.

**COWIN**  
Winning Over COVID



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<http://covid.gov.in>





Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Swati Rajendra Hajare

Age / वय

28

Gender / लिंग

Female

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXX5610

Unique Health ID (UHID)

Beneficiary Reference ID

21383489747525

### Vaccination Details

Vaccine Name / लसीचे नाव

COVAXIN

Date of Dose / डोसची तारीख

17 Jun 2021 (Batch no. 37F21059A)

Vaccinated by / यांच्याद्वारे लसीकरण

V M Gone

Vaccination at / लसीकरणाचे स्थळ

RH MURUD - 1, Latur, Maharashtra



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

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

**COWIN**  
Winning Over COVID

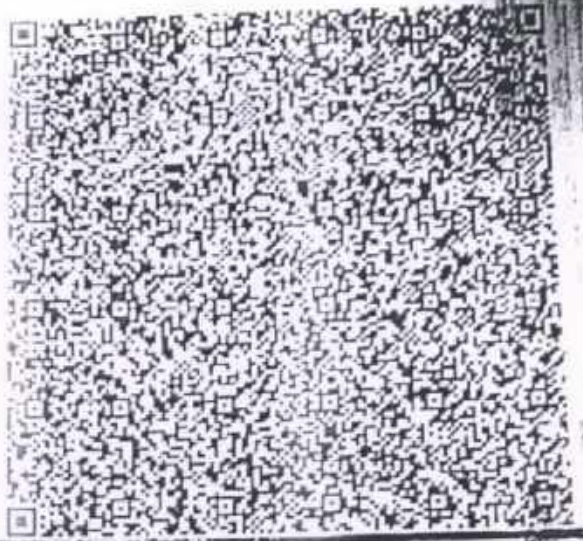


This is a secure QR code. For further details, please visit  
<https://covid19.gov.in>



Ministry of Health & Family Welfare  
Government of India

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



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Sushant Lakshman Gaddaray

Age / उम्र  
33

Gender / लिंग  
Male

Verified / प्रमाण पत्र सत्यापित  
Number # XXXXXXXX6915

Beneficiary Reference ID  
83477174695

Residing at / पता

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVAXIN

Date of Dose / खुराक की तारीख  
30 Mar 2021 (Batch no. 37F21010A)

Next Due Date / अगली नियत तिथि  
after 28 days

Vaccinated by / टीका लगाने वाले का नाम  
Asha sonwale

Vaccination at / टीकाकरण का स्थान  
MIT Medical College - 2, Latur  
Maharashtra

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



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

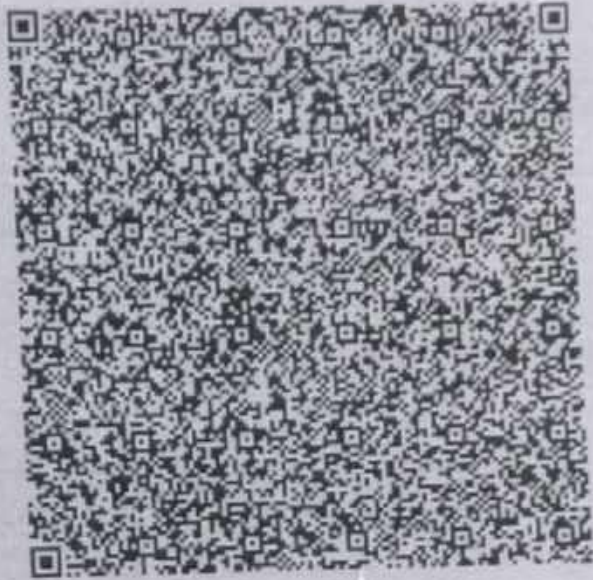
अधिकारक सूचना किसी भी गंभीर घटना के लिए नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर संपर्क करें।





Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
anita deora0 thenge

Age / उम्र  
43

Gender / लिंग  
Female

ID Verified / पहचान पत्र सत्यापित  
Aadhaar Card

Beneficiary Reference ID  
21383134149205

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
17 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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



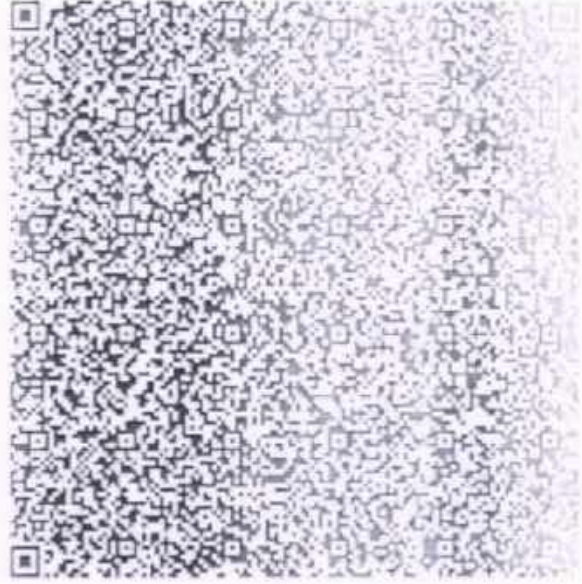
In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Office/State Helpline No. 1075

टीकाकरण पर्याप्त किसी प्रतिबन्धन धरणा के होने पर कम्पटीबी स्वास्थ्य केन्द्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर संपर्क करें



Ministry of Health & Family Welfare  
Government of India

*Final Certificate*  
for COVID-19 Vaccination



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
DR RAMCHANDRA KABIR

Age / उम्र  
39

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar #XXXXXXXXCard

Beneficiary Reference ID  
21383252691727

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
06 Mar 2021 (Batch no. 41302012)

Vaccinated by / टीका लगाने वाले का नाम  
Shukard Hopange

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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



In case of any adverse events, kindly contact our nearest Public Health Covid-Health Care Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण परवाह किसी प्रतिकूल घटना के होने पर तुरन्त ही स्थानिक सेहतसंरक्षक कर्मि/जिला टीकाकरण अधिकारिकरण हेल्प लाइन 1075 में सम्पर्क करें



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 65213284428

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Dr. Amol Anandrao Badgire
Age / वय	36
Gender / लिंग	Male
ID Verified / ओळखपत्र	PAN Card # BTGPB6553F
Unique Health ID (UHID)	
Beneficiary Reference ID	21383941751782
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
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-02-20 2021-07-28
Batch Number / बॅच क्रमांक	4120Z012 4121MC035
Vaccinated By / यांच्याद्वारे लसीकरण	Kallurkar
Vaccination At / लसीकरणाचे स्थळ	Nandgaon SC Bhatangali PHC, Latur, Maharashtra



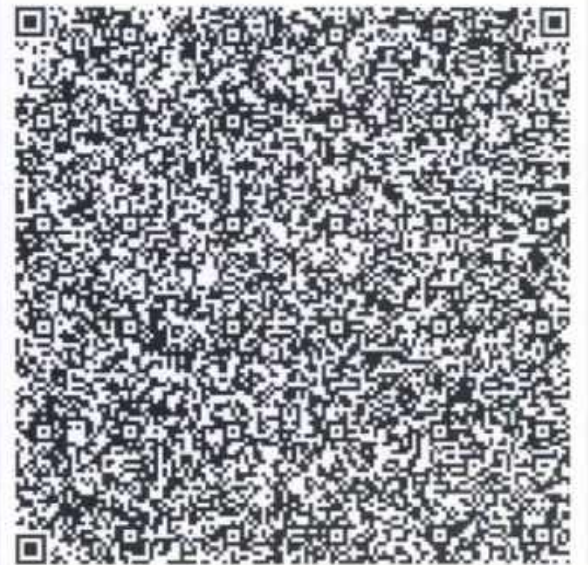
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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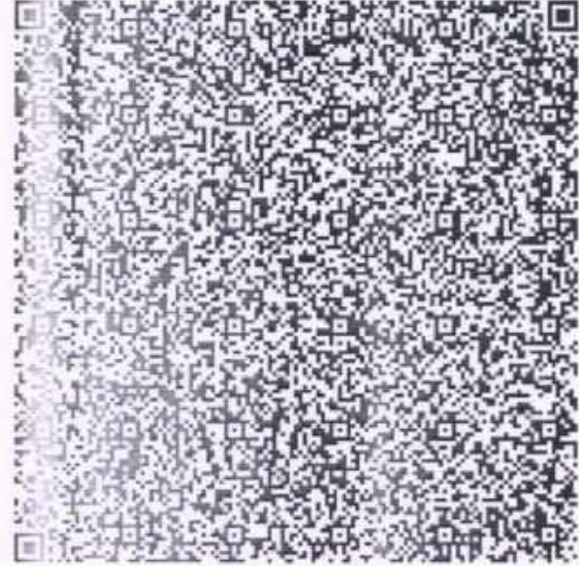


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<http://verify.cowin.gov.in>



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Praveen Fulchand Dhore

Age / उम्र  
34

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXXCard

Beneficiary Reference ID  
21383103842407

Residing at/ पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
22 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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 Office/State Helpline No. 1075

टीकाकरण पर्याप्त किलो प्रतिकुल घटका के होने पर नजदीकी स्वास्थ्य केंद्र/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें



Ministry of Health & Family Welfare  
Government of India

## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Madhuri Narendra Agrawal
Age / वय	32
Gender / लिंग	Female
ID Verification / ओळखपत्र	Aadhaar # XXXXXXXX4250
Unique Health ID (UHID)	
Beneficiary Reference ID	21383217965702

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	15 Mar 2021 (Batch no. 4121Z003)
Next due date / पुढील देय तारीख	Between 12 Apr 2021 and 10 May 2021
Vaccinated by / यांच्याद्वारे लसीकरण	Neha Kambale
Vaccinated at / लसीकरणाचे स्थळ	YELALE HOSPITAL, Latur, Maharashtra



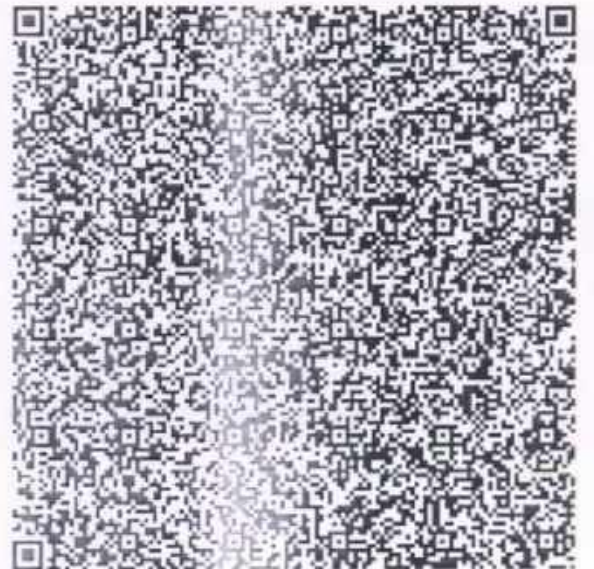
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

कोणतेही प्रतिकूल घटक/घटना घडल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र, आरोग्यसेवा  
कार्यधारी/जिल्हा आरोग्य अधिकारी/राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

COWIN  
Winning COVID

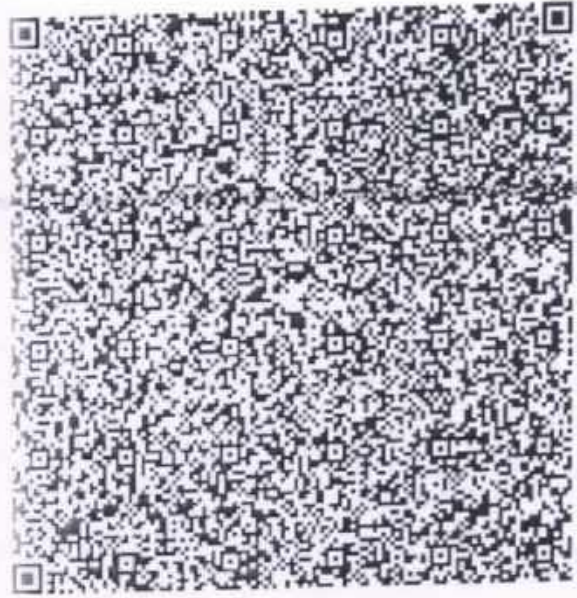


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<https://verify.cowin.gov.in>



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Abhishek Rajpal Badade

Age / उम्र  
33

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar Card

Beneficiary Reference ID  
21383866421106

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
18 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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



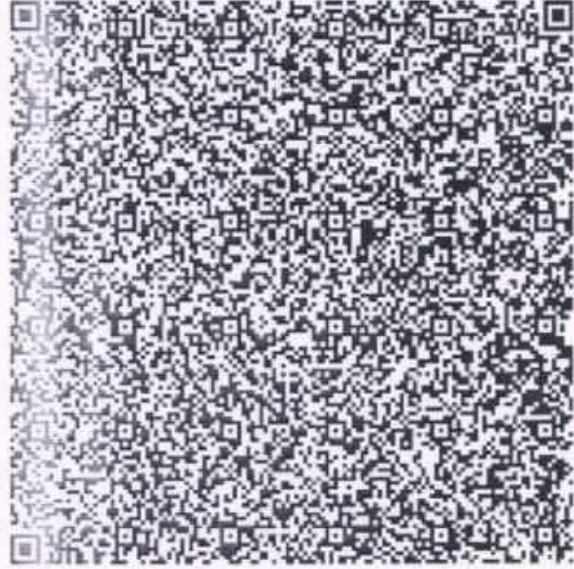
In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण पर्याप्त किसी प्रतिबन्धन घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर संपर्क करें



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Shinde Ajitkumar Angadrao

Age / उम्र  
31

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXXCard

Beneficiary Reference ID  
21383579420332

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
19 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

“ दवाई भी और कड़ाई भी।  
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

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



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 46345168135

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Richa Sanjay Pandharikar
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7741
Unique Health ID (UHID)	
Beneficiary Reference ID	21383733107769
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	2021-06-12 2021-09-30
Batch Number / बॅच क्रमांक	4121Z081 4121Z002M
Vaccinated By / यांच्याद्वारे लसीकरण	Kallurkar
Vaccination At / लसीकरणाचे स्थळ	Nandgaon SC Bhatangali PHC, Latur, Maharashtra



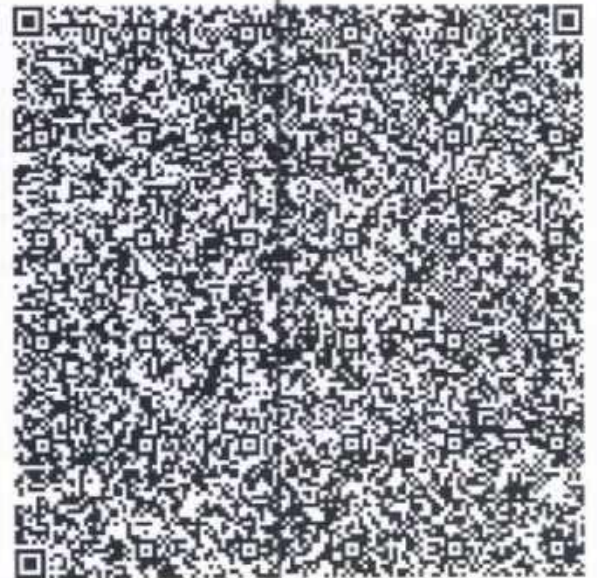
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- 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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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 75260277217

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Pratibha Gopinath Chaudhari
Age / वय	29
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX4495
Unique Health ID (UHID)	
Beneficiary Reference ID	21383738347155
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	
Dose Number / डोस क्रमांक	1/2	2/2
Date of Dose / डोसची तारीख	2021-01-29	2021-03-13
Batch Number / बॅच क्रमांक	4120Z012	4120Z012
Vaccinated By / यांच्याद्वारे लसीकरण	kokate sandhya	
Vaccination At / लसीकरणाचे स्थळ	VDGIMS GMC Latur, Latur, Maharashtra	



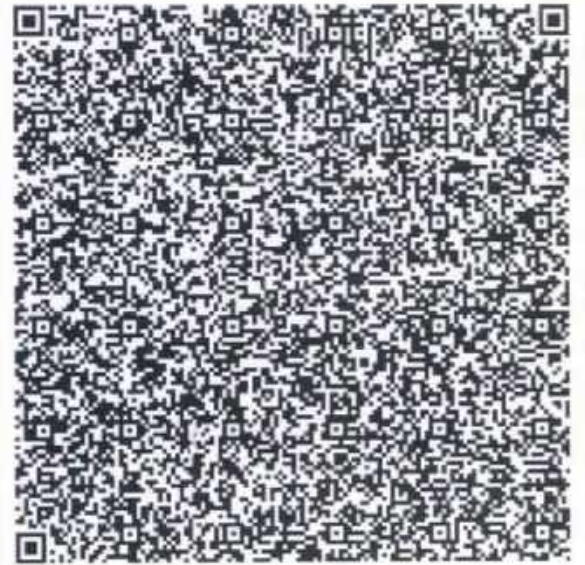
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- पंतप्रधान श्री. नरेंद्र मोदी

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कोणतेही प्रतिक्ूल 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

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

Certificate ID 13546303931

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Shubhangi subhash kendre
Age / वय	26
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX3479
Unique Health ID (UHID)	28-6506-2075-2576
Beneficiary Reference ID	56303055716350
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
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-05-12 2021-08-26
Batch Number / बॅच क्रमांक	4121Z068 4121MC060
Vaccinated By / याच्याद्वारे लसीकरण	Suvarnmaia M . Sneha P
Vaccination At / लसीकरणाचे स्थळ	Shivaji School MC, Latur, Maharashtra



औषध सुद्धा आणि शिस्त सुद्धा  
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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/ राह्य इल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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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 77911607181

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Sheeraz Badal
Age / वय	40
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX5795
Unique Health ID (UHID)	41-8706-4186-8721
Beneficiary Reference ID	76707777937700
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / लसीचे नाव	COVAXIN
Vaccine Type / लस प्रकार	COVID-19 vaccine, inactivated virus
Manufacturer / उत्पादक	Bharat Biotech, India
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-08-15 2021-09-30
Batch Number / बॅच क्रमांक	37I21015A 37H21059A
Vaccinated By / यांच्याद्वारे लसीकरण	Tripate M
Vaccination At / लसीकरणाचे स्थळ	Dayanand College MC, Latur, Maharashtra



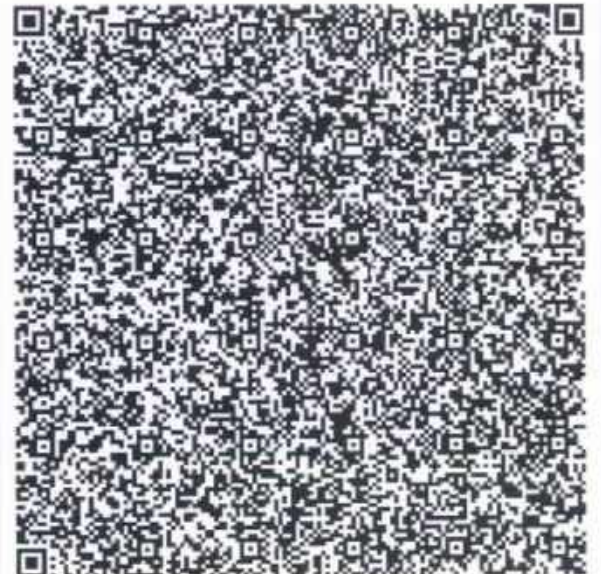
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कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा  
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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## Certificate for COVID-19 Vaccination

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

Certificate ID 14755061982

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Govind Rameshrao Changule
Age / वय	36
Gender / लिंग	Male
ID Verified / ओळखपत्र	PAN Card # BPZPR0430J
Unique Health ID (UHID)	
Beneficiary Reference ID	21397385127079
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses) and a Precaution Dose

### 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	Precaution dose
Date of Dose / डोसची तारीख	27 Jan 2021	26 Feb 2021	14 Jan 2022
Batch Number / बॅच क्रमांक	4120Z012	4120Z013	4121AA058M
Vaccinated By / यांच्याद्वारे लसीकरण	Dak Dropadi		
Vaccination At / लसीकरणाचे स्थळ	Nakshatrawadi UHC, Aurangabad , Maharashtra		



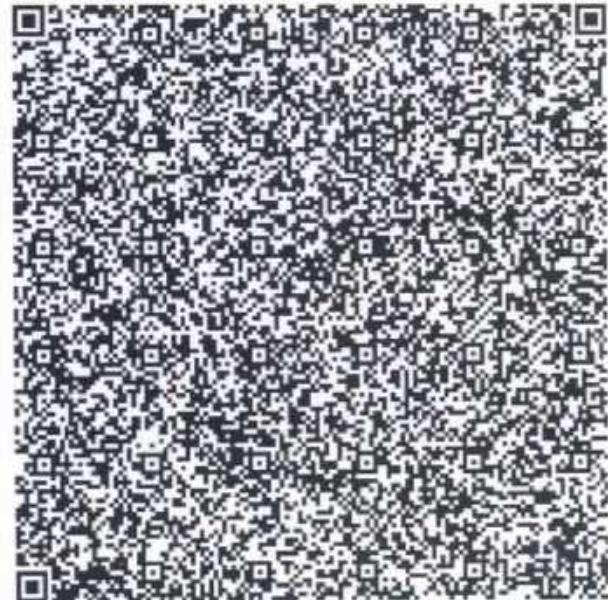
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कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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## Certificate for COVID-19 Vaccination

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

Certificate ID 39195225103

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Dr Prashant Punjaji Raktade

Age / वय

37

Gender / लिंग

Male

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXX1571

Unique Health ID (UHID)

21397483080973

Beneficiary Reference ID

Vaccination Status / लसीकरण स्थिती

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / लसीचे नाव

COVAXIN

Vaccine Type / लस प्रकार

COVID-19 vaccine, inactivated virus

Manufacturer / उत्पादक

Bharat Biotech

Dose Number / डोस क्रमांक

1/2

2/2

Date of Dose / डोसची तारीख

2021-03-17

2021-04-23

Batch Number / बॅच क्रमांक

37F21001A

37F21021A

Vaccinated By / यांच्याद्वारे लसीकरण

sandhya suradkar

Vaccination At / लसीकरणाचे स्थळ

Manik Hospital COVAXN, Aurangabad ,

Maharashtra



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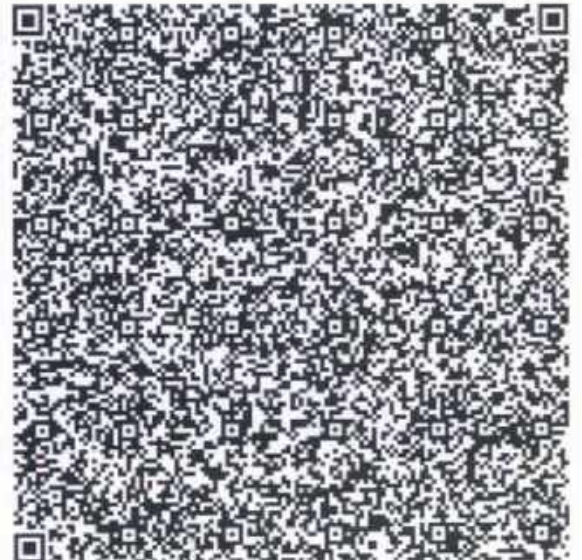
- पंतप्रधान श्री. नरेंद्र मोदी

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कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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## Certificate for COVID-19 Vaccination

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

Certificate ID 86209191993

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Ankit Rajendra Malu
Age / वय	31
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXX1109
Unique Health ID (UHID)	
Beneficiary Reference ID	45191322329060
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	2021-09-27	2021-12-21
Batch Number / बॅच क्रमांक	4121Z129	4121Z129
Vaccinated By / यांच्याद्वारे लसीकरण	Mr. Sunil Pawar	
Vaccination At / लसीकरणाचे स्थळ	PAR-AUTI HOSP. AND DENTAL CLIN, Ahmednagar, Maharashtra	



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कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Gopal Lahudas Nagargoje
Age / वय	31
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXXCard
Unique Health ID (UHID)	
Beneficiary Reference ID	21383692533670

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 <sup>st</sup> Dose / पहिल्या डोसची तारीख	20 Jan 2021 (Batch no. 4120Z012)
Date of 2 <sup>nd</sup> Dose / दुसऱ्या डोसची तारीख	23 Feb 2021 (Batch no. 4120Z012)
Vaccinated by / यांच्याद्वारे लसीकरण	Shakerd Hipparge
Vaccination at / लसीकरणाचे स्थळ	MIT Medical College, Latur, Maharashtra



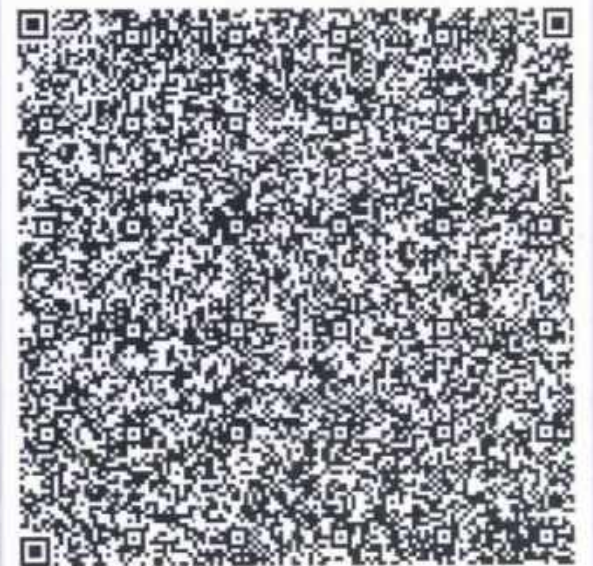
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कर्नवारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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## Certificate for COVID-19 Vaccination

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

Certificate ID: 13882047450

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Punam N Nagargoje
Age / वय	34
Gender / लिंग	Female
ID Verified / ओळखपत्र	PAN Card # AVYPN4151E
Unique Health ID (UHID)	
Beneficiary Reference ID	21383583633564
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	V2 2/2
Date of Dose / डोसची तारीख	2021-09-23 2021-12-25
Batch Number / बॅच क्रमांक	4121AA019M 4121Z241
Vaccinated By / सोप्याद्वारे लसीकरण	Shimpi D
Vaccination At / लसीकरणस्थाने स्थळ	Jatal Hospital Latur MC, Latur, Maharashtra



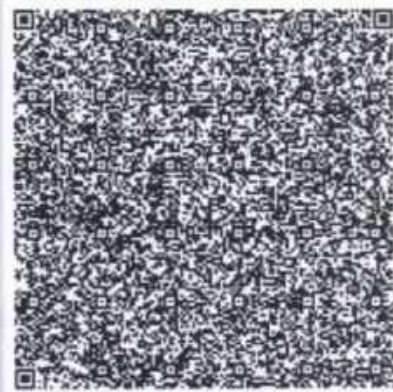
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In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1025

कोणत्याही अस्वस्थतेच्या बाबत लगेच जवळील सार्वजनिक आरोग्य केंद्र किंवा आरोग्यसेवा  
कार्यकर्त्यांशी संपर्क साधा. राज्यातील 1025 या संख्येवर संपर्क साधा.

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## Certificate for COVID-19 Vaccination

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

Certificate ID 24956709787

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Vyankatesh Balaji Hange
Age / वय	29
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXXX1013
Unique Health ID (UHID)	
Beneficiary Reference ID	21383683405174
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / लसीचे नाव	COVAXIN
Vaccine Type / लस प्रकार	COVID-19 vaccine, inactivated virus
Manufacturer / उत्पादक	Bharat Biotech
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-03-30 2021-07-24
Batch Number / बॅच क्रमांक	37F21006A 37I21010A
Vaccinated By / यांच्याद्वारे लसीकरण	Chaure A
Vaccination At / लसीकरणाचे स्थळ	ITI College MC, Latur, Maharashtra



औषध सुद्धा आणि शिस्त सुद्धा  
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COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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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 68831192544

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Archana Mmurlidarrao Apatе
Age / वय	40
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX2667
Unique Health ID (UHID)	
Beneficiary Reference ID	21383637592360
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / लसीचे नाव	COVAXIN
Vaccine Type / लस प्रकार	COVID-19 vaccine, inactivated virus
Manufacturer / उत्पादक	Bharat Biotech, India
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-11-11 2021-12-11
Batch Number / बॅच क्रमांक	37I21039A 37G21051A
Vaccinated By / यांच्याद्वारे लसीकरण	Nanda kamble
Vaccination At / लसीकरणाचे स्थळ	VDGIMS GMC Latur 2, Latur, Maharashtra



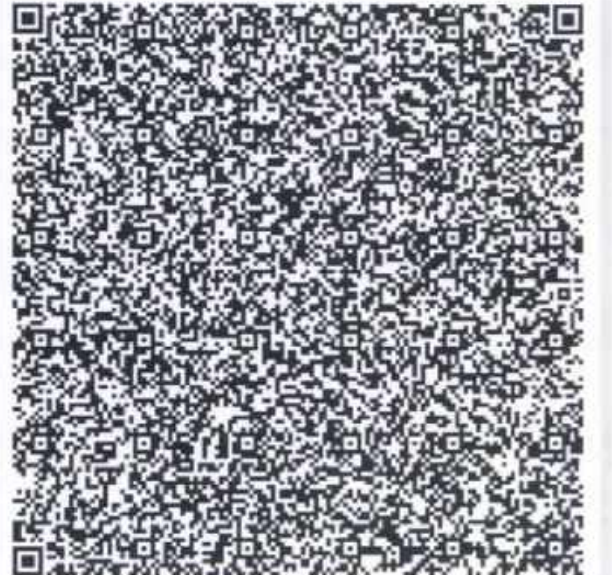
औषध सुद्धा आणि शिस्त सुद्धा  
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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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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Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Anuja Mohanrao Neharkar

Age / वय

26

Gender / लिंग

Female

ID Verified / ओळखपत्र

Aadhaar # XXXXXXXX9197

Unique Health ID (UHID)

71-2348-2055-4813

Beneficiary Reference ID

20491931264530

### Vaccination Details

Vaccine Name / लसीचे नाव

COVAXIN

Date of 1<sup>st</sup> Dose / पहिल्या डोसची तारीख

06 Aug 2021 (Batch no. 37F21093A)

Date of 2<sup>nd</sup> Dose / दुसऱ्या डोसची तारीख

04 Sep 2021 (Batch no. 37F21103A)

Vaccinated by / यांच्याद्वारे लसीकरण

Tripate M

Vaccination at / लसीकरणाचे स्थळ

Dayanand College MC, Latur, Maharashtra



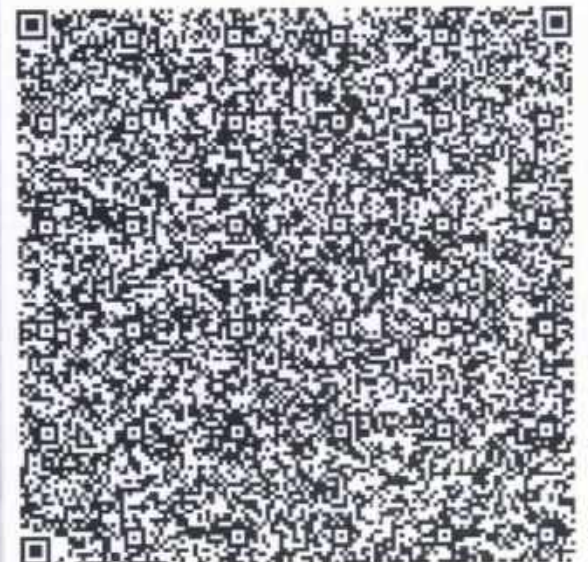
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In case of any adverse events, kindly contact the nearest Public Health Center/  
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कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा  
कर्माचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

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## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	<b>PATIL MITHILA TRIMBAK</b>
Age / वय	<b>23</b>
Gender / लिंग	<b>Female</b>
ID Verified / ओळखपत्र	<b>PAN Card # DLRPP9352K</b>
Unique Health ID (UHID)	
Beneficiary Reference ID	<b>21395542998293</b>

### Vaccination Details

Vaccine Name / लसीचे नाव	<b>COVISHIELD</b>
Date of 1 <sup>st</sup> Dose / पहिल्या डोसची तारीख	<b>06 Mar 2021 (Batch no. 4120Z013)</b>
Next due date / पुढील देय तारीख	<b>Between 29 May 2021 and 26 Jun 2021</b>
Vaccinated by / यांच्याद्वारे लसीकरण	<b>HARSHALI KADASKAR</b>
Vaccination at / लसीकरणाचे स्थळ	<b>CAMA SESSION 2, Mumbai, Maharashtra</b>



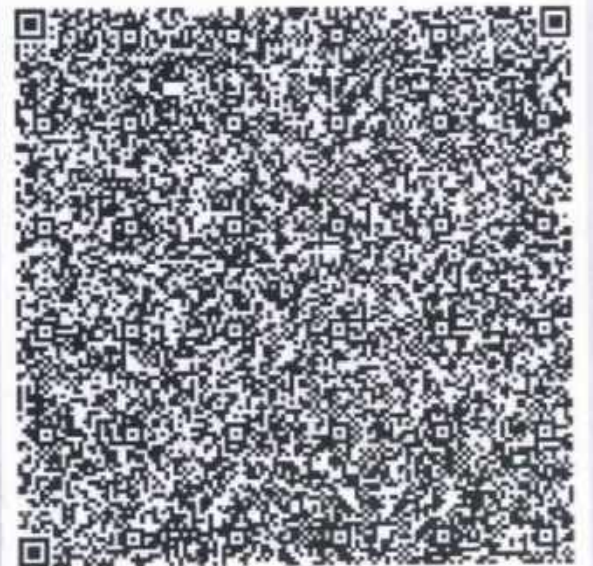
औषध सुद्धा आणि शिस्त सुद्धा  
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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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  
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### Certificate for COVID-19 Vaccination

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

Certificate ID: 4153836944

#### Beneficiary Details

Beneficiary Name / लक्षादीने नाव	Vijayalaxmi Prashant Male
Age / वय	42
Gender / लिंग	Female
ID Verified / ओळखण	Aadhaar # XXXXXXXX4924
Unique Health ID (UHID)	
Beneficiary Reference ID	21383662450107
Vaccination Status / लक्षादीने स्थिती	Fully Vaccinated (2 Doses)

#### Vaccination Details

Vaccine Name / लक्षादीने नाव	COVISHIELD
Vaccine Type / लक्षादीने प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India
Dose Number / डोस क्रमांक	1/2                      2/2
Date of Dose / डोसची तारीख	2021-03-13              2021-05-12
Batch Number / बॅच क्रमांक	41202012              41212068
Vaccinated By / लक्षादीने करणारा	Narwate M M
Vaccination At / लक्षादीने स्थान	Rajiv Nagar UPHC - 1, Latur, Maharashtra

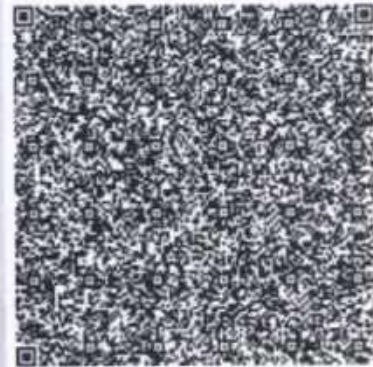


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आपली कोणत्याही अशुभ घटना लक्षादीने करणारे डॉक्टर/स्थान/राज्य केंद्राशी संपर्क साधावे.  
अशावेळी: शिस्त राखणे आणि लक्षादीने करणारे डॉक्टर/स्थान/राज्य केंद्राशी संपर्क साधावे.

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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 26604529057

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Priyanka Baswaraj Lasune
Age / वय	29
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXX523B
Unique Health ID (UHID)	
Beneficiary Reference ID	21383784785582
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
Dose Number / डोस क्रमांक	1/2 2/2
Date of Dose / डोसची तारीख	2021-01-20 2021-02-20
Batch Number / बॅच क्रमांक	4120Z012 4120Z012
Vaccinated By / यांच्याद्वारे लसीकरण	Shakerd Hipparge
Vaccination At / लसीकरणाचे स्थळ	MIT Medical College, Latur, Maharashtra



औषध सुद्धा आणि शिस्त सुद्धा  
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COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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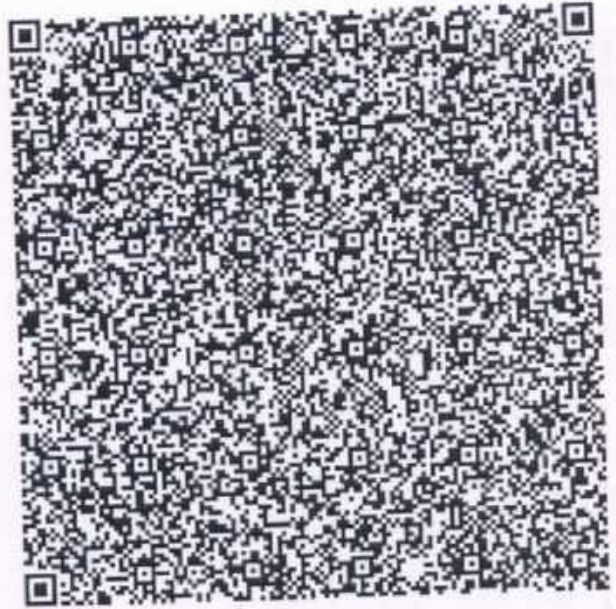


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<https://covid19.mha.gov.in>



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
baliram shahurao handge

Age / उम्र  
31

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXXCard

Beneficiary Reference ID  
21383750181277

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
25 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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Together, India will defeat COVID-19 ”  
- Prime Minister Narendra Modi



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



Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव

Tanaji Babarao Jadhav

Age / वय

34

Gender / लिंग

Male

ID Verified / ओळखपत्र

Aadhaar # XXXXXX274E

Unique Health ID (UHID)

Beneficiary Reference ID

21383902809205

### Vaccination Details

Vaccine Name / लसीचे नाव

COVISHIELD

Date of Dose / डोसची तारीख

19 Mar 2021 (Batch no. 4121Z020)

Vaccinated by / यांच्याद्वारे लसीकरण

Dhandade N D

Vaccination at / लसीकरणाचे स्थळ

MC Hospital Latur, Latur, Maharashtra



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- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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Government of India

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



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Hanmant Dinkar Mali

Age / उम्र  
33

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXXXX7765

Beneficiary Reference ID  
21383338327742

Residing at / पता  
NA

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

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

Next Due Date / अगली नियत तिथि  
after 28 days

Vaccinated by / टीका लगाने वाले का नाम  
Dhandade N D

Vaccination at / टीकाकरण का स्थान  
MC Hospital Latur, Latur

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- Prime Minister

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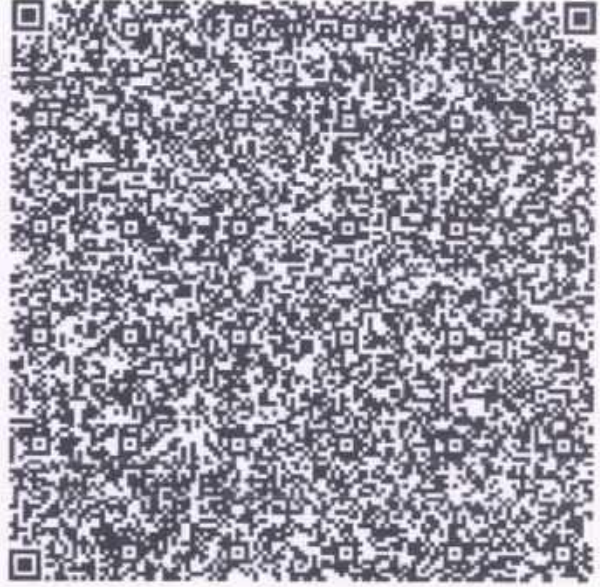
In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

**Beneficiary Name / लाभार्थी का नाम**  
Nitin uddhavrao Garde

**Age / उम्र**  
32

**Gender / लिंग**  
Male

**ID Verified / पहचान पत्र सत्यापित**  
Aadhaar # XXXXXX967M

**Beneficiary Reference ID**  
21383870546394

**Residing at / पता**  
Latur  
Maharashtra

Vaccination Details

**Vaccine Name / वैक्सीन का नाम**  
COVISHIELD

**Date of Dose / खुराक की तारीख**  
20 Feb 2021 (Batch no. 4120Z012)

**Vaccinated by / टीका लगाने वाले का नाम**  
Shakerd Hipparge

**Vaccination at / टीकाकरण का स्थान**  
MIT Medical College, Latur  
Maharashtra

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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

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



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## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name	Gajanan Nagnath Somwanshi
Age	33
Gender	Male
ID Verified	Aadhaar # XXXXXXXX9484
Unique Health ID (UHID)	
Beneficiary Reference ID	21383141915814

### Vaccination Details

Vaccine Name	COVISHIELD
Date of Dose	22 Mar 2021 (Batch no. 4121Z020)
Next due date	Between 19 Apr 2021 and 17 May 2021
Vaccinated by	Dhandade N D
Vaccination at	MC Hospital Latur, Latur

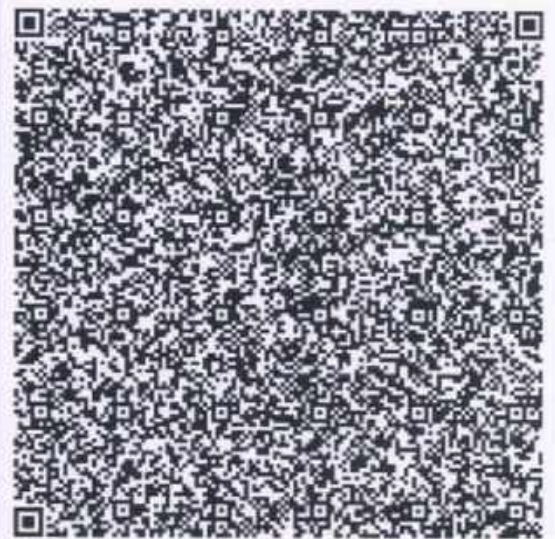


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- Prime Minister Narendra Modi

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## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Chate Deepak Ramraje
Age / वय	25
Gender / लिंग	Male
ID Verified / ओळखपत्र	PAN Card # BZRPC9993F
Unique Health ID (UHID)	
Beneficiary Reference ID	21383887372675

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	20 Feb 2021 (Batch no. 4120Z012)
Vaccinated by / यांच्याद्वारे लसीकरण	Shakerd Hipparge
Vaccination at / लसीकरणाचे स्थळ	MIT Medical College, Latur, Maharashtra



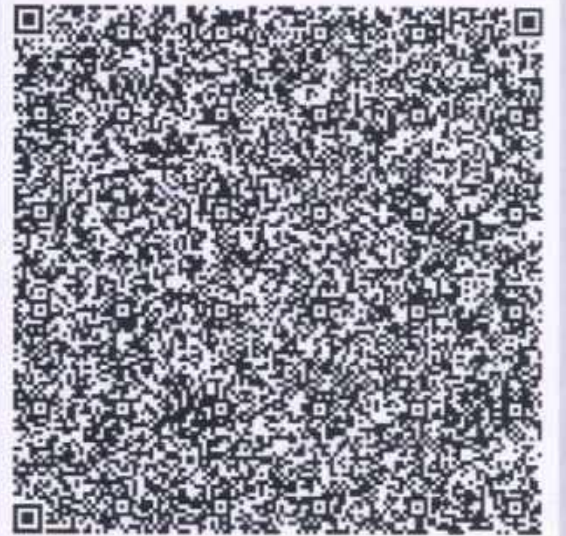
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Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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Winning Over COVID

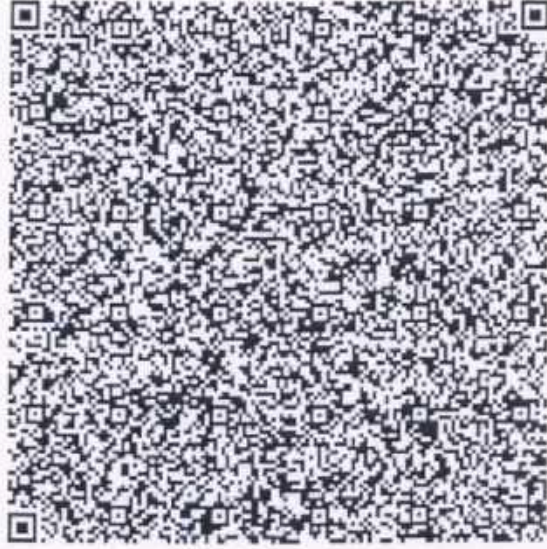


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<https://verify.cowin.gov.in>



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Sagar Nilesh Manikrao

Age / उम्र  
३८

Gender / लिंग  
पुरुष

ID Verified / पहचान पत्र सत्यापित  
Address XXXXXX968M

Beneficiary Reference ID  
21383301070431

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

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

Vaccinated by / टीका लगाने वाले का नाम  
Dhandade N D

Vaccination at / टीकाकरण का स्थान  
MC Hospital Latur, Latur  
Maharashtra

" दवाई भी और कड़ाई भी।  
Together, India will defeat COVID-19 "

- Prime Minister Narendra Modi



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



Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
Kopanbaine Sharad Uttam

Age / उम्र  
29

Gender / लिंग  
Male

ID Verified / पहचान पत्र सत्यापित  
PAN Card # BXWPK3798K

Beneficiary Reference ID  
21383334864920

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
23 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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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 वर्कर्स/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें



Ministry of Health & Family Welfare  
Government of India

## Provisional Certificate for COVID-19 Vaccination - 1<sup>st</sup> Dose

### Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Munde Sunil Baburao
Age / वय	41
Gender / लिंग	Male
ID Verified / ओळखपत्र	PAN Card # AVEPM0581D
Unique Health ID (UHID)	
Beneficiary Reference ID	21383572876923

### Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	03 Feb 2021 (Batch no. 4120Z012)
Next due date / पुढील देय तारीख	2 <sup>nd</sup> dose on 13/03/21 Between 03 Mar 2021 and 31 Mar 2021
Vaccinated by / यांच्याद्वारे लसीकरण	Shakerd Hipparge
Vaccination at / लसीकरणाचे स्थळ	MIT Medical College, Latur, Maharashtra



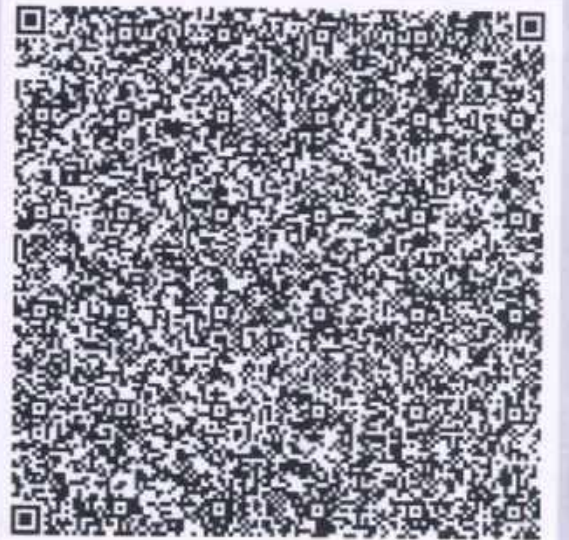
औषध सुद्धा आणि शिस्त सुद्धा  
Together, India will defeat  
COVID-19"

- पंतप्रधान श्री. नरेंद्र मोदी

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

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

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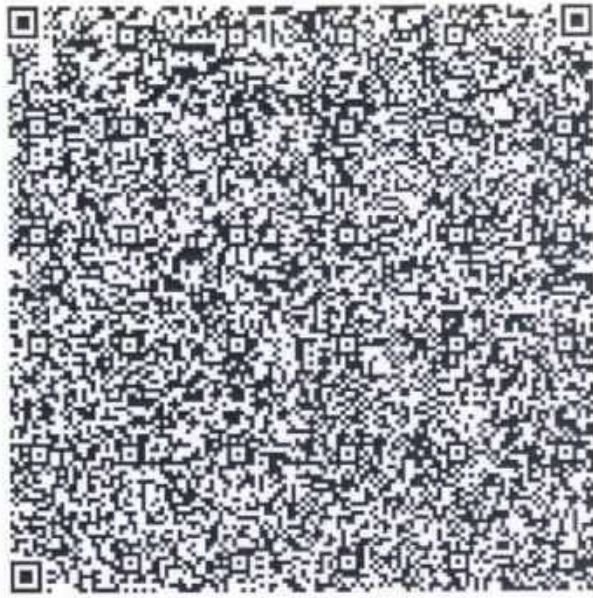


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Ministry of Health & Family Welfare  
Government of India

*Final Certificate  
for COVID-19 Vaccination*



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम  
dipali shashikant pandit

Age / उम्र  
32

Gender / लिंग  
Female

ID Verified / पहचान पत्र सत्यापित  
Aadhaar # XXXXXX634B

Beneficiary Reference ID  
21383553632090

Residing at / पता  
Latur  
Maharashtra

Vaccination Details

Vaccine Name / वैक्सीन का नाम  
COVISHIELD

Date of Dose / खुराक की तारीख  
22 Feb 2021 (Batch no. 4120Z012)

Vaccinated by / टीका लगाने वाले का नाम  
Shakerd Hipparge

Vaccination at / टीकाकरण का स्थान  
MIT Medical College, Latur  
Maharashtra

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Winning Over COVID

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