D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India

SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 8: Part- B- Health Science Disciplines

Key Indicator: 8.2: B 2 Dental College

Metric: 8.1.9. Average Percentage Of First Year Students, Provided With Prophylactic Immunization Against Communicable Diseases Like Hepatitis-B During Their Clinical Work In The Last Five Years.

Any other Relevant Information

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COVID 19

Vaccination Register

Batch 2022-2027

BATCH 2022-27			
LIST OF STUDENTS VACCINATED FOR COVID 19			
SR NO	NAME	1ST DOSE	2ND DOSE
1	AGRAWAL RUSHI SUDARSHAN		
2	AJMERA NIVEDI ASHISH		
3	ARYA VISHWAS GULAVANI		
4	AWATE GAYATRI MANMATH		
5	AYUSHI PATIL		
6	BANGAR ASHWINI SUNIL		
7	BHAKARE KALYANI SANJAY		
8	BHANGARE SAI SHIVANAND		
9	BHOSALE GAYATRI RAVINDRA		
10	BHOSALE VIDHYASAGAR VIJAY		
11	BHOSKAR BHAKTI BALASAHEB		
12	BORAWAKE ARYA ABHIJIT		
13	CHANDHERE PRADNYA MAHENDRA		
14	CHANVIRE SATYAM RAMESH		
15	CHAUDHARI VAISHNAVI ISHWAR		
16	CHAVAN HARSHAL ANIL		
17	DAMBAL SANKET MAHADEV		
18	DARADE ARTI ATMARAM		
19	DAUNDE RUSHIKESH MILIND		
20	DESHPANDE JUI NIRANJAN		
21	DHANAGE AKANKSHA VASANT		
22	GAIKWAD HARITA MAHESH		
23	GAIKWAD KARUNA VIJAYKUMAR		
24	GAWANDE SHAMALI SUNIL		
25	GHODKE GAYATRI RAMAKANT		
26	GHORPADE TANAYA MANISH		
27	GODGE ONKAR PRAKASH		
28	HALKE SHRUTIKA LIMBRAJ		
29	HANDE ADITI SUNIL		
30	HITESH PARADHI		
31	INGLE JANHVI SANJAY		
32	JADHAV DIVYA PARSHURAM		
33	JAGTAP RITIKA PRAVIN		
34	JOSHI SANJANA AJIT		
35	KAMBLE PRANITA VIJAYPRAKASH		
36	KASARPATIL VALLABH SANTOSH		
37	KHAN IRUM AFZAL		
38	KHAN MOHD AMAAN CHAND		
39	KHEDEKAR VAISHNAVI VIJAY		
40	KOLHE SUMATI RAJESH		
41	KOLI VARAD DADASAHEB		
42	KUMAWAT KALPAK RAMCHANDRA		

LINGARAJ SHIGLI ANAND

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43	KUNDEN SAANVI ANIL	Saanvi	Saanvi
44	LAVATE ROHIT NAMDEO	Rohit	Rohit
45	LONDHE PRANJAL SANDIP	Pranjal	Pranjal
46	MAHAJAN SHREYA SANTOSH	Shreya	Shreya
47	MAHAMUNI PRANJAL SHRIKUMAR	Pranjal	Pranjal
48	MANE ESHAN	Eshan	Eshan
49	MANE HARSHAL DATTATRAY	Harshal	Harshal
50	MANGIRE RAJLAXMI RAOSAHEB	Mangire	Mangire
51	METE SURBHI SUYASH	Surbhi	Surbhi
52	MISAL GAYATRI GORAKHNATH	Misal	Misal
53	MITALI MANOJ MASTUD	Manoj	Manoj
54	MOHOD VAIDEHI ATUL	Vaidehi	Vaidehi
55	MOHTA ADITI RAJESH	Aditi	Aditi
56	MOKASHI SIDDHII PRATISH	Siddhi	Siddhi
57	MORE PALLAVI PRASAD	Pallavi	Pallavi
58	NAIKNAWARE PURVA NITINRAO	Purva	Purva
59	NARUTE PRATIKSHA YUVRAJ	Pratiksha	Pratiksha
60	PANDAV SHRIDHAR SHIVAJI	Shridhar	Shridhar
61	PATIL SHARVARI PADMAKAR	Sharvari	Sharvari
62	PRERANA MANWAR	Prerana	Prerana
63	QURESHI FAHIM KHAIRUMIYA	Fahim	Fahim
64	RAUT SAKSHI NAVNATH	Sakshi	Sakshi
65	RISHITA CHIKATE	Rishita	Rishita
66	RUPNOOR DIPTI GOPAL	Dipti	Dipti
67	SAPKALE SHRADDHA SANJAY	Shraddha	Shraddha
68	SARDAR AMBIKA SUDHAKAR	Ambika	Ambika
69	SHAH SPANDAN AMIT		
70	SHAMLIK USAID ANIS	Usaid	Usaid
71	SHELKE SOHAM ANANT	Soham	Soham
72	SHETYE SAMPADA ARUN	Sampada	Sampada
73	SHIFA PHADTARE	Shifa	Shifa
74	SHUBHAM KUMAR RAVI	Ravi	Ravi
75	SINGH ARCHIE SUSHIL	Archie	Archie
76	SINGH SAKSHI BIBHAKAR	Sakshi	Sakshi
77	SOMAWANSHI SWARALI RAJU	Swarali	Swarali
78	SONTAKKE SATISH NARAYAN	Satish	Satish
79	SONWANE SHIVANI PRAKASH	Shivani	Shivani
80	SOUHARDYA SAHA	Saha	Saha
81	SWAMI VAISHNAVI SHARNAYYA	Vaishnavi	Vaishnavi
82	TADOLE AKANKSHA DATTATRAY	Akanksha	Akanksha
83	TAMANEKAR NIDHI DNYANESHWAR	Nidhi	Nidhi
84	TAYADE PRAJWAL SHRIKRUSHNA	Prajwal	Prajwal
85	THAKKAR SIYA RAKESH	Siya	Siya
86	THORAT ADITI LAKSHMAN	Aditi	Aditi
87	TORAD ADITI ARUN	Aditi	Aditi

88	UMALE SAMIDHA SANJAY	Samidha	Samidha
89	VELAPURKAR SAHIL VINOD	Sahil	Sahil
90	WALUNJ SNEHAL HARISHCHANDRA	Snehal	Snehal.
91	YEDE JAYASHREE RAMDAS	Jayashree	Jayashree
92	AYUSH PRASAD	Ayush	Ayush
93	SHRAWANI KAMBLE	Shrawani	Shrawani
94	BASTEWAD SAMARTH TANAJI	Samarth	Samarth
95	AARYA DEEPAK PATHADE	Aarya	Aarya
96	GAYATRI DILIP JADHAV	Dilip	Dilip
96	RIYA SINGH	Riya	Riya

	PG		
1	KEDAR AKANKSHA		
2	KALYANKAR SUNIL		
3	DEVIKA PATTANSHETTI	Devika	Devika
4	MAURYA ARNIKA	Arnika	Arnika
5	KAMBLE APURVA	Apurva	Apurva
6	GADGE RADHIKA	Radhika	Radhika
7	THAKARE MAYURI		
8	AHILYA CHOUGULE	Ahilya	Ahilya

Batch 2021-2026

BATCH 2021-26

LIST OF STUDENTS VACCINATED FOR COVID 19

SR NO	NAME	1ST DOSE	2ND DOSE
1	ALHAT SAKSHI YOGESH		
2	AGRE SAKSHI SANJEEVKUMAR		
3	ALI AHMED SARA ZULFIKAR		
4	AMRITSAGAR VARUN MOHAN		
5	BADNE PRERNA RAM		
6	BHAGYESH TUKARAM SHIPALKAR		
7	BHAVYA ANILKUMAR NAHATA		
8	BHIKKA SANIA SANJAY		
9	BHOR KAUSTUBH SANTOSH		
10	BHORE BHUSHAN TANAJI		
11	BHOSALE ABHISHEK RAVINDRA		
12	BHOSALE ANJALI AJIT		
13	BHOSALE SHIVANI RAMESH		
14	CHAURASIYA ROUNAK ARBIND		
15	CHAVAN GAYATRI DNYANESHWAR		
16	CHIKUNDRE SAKSHI SUNIL		
17	DAMALE BHAGYASHREE SANTOSH		
18	DEMBDA MUSKAN RAVI		
19	DEORE TANAYA RAJENDRA		
20	DEVKATE RUSHIKESH MACHCHHINDRA		
21	DOLSE VISHAKHA RAMESH		
22	DUMALE SIMRAN SATISH		
23	FUNDE ARATI VISHWANATH		
24	GADHARI SOHAM SANJAY		
25	GARDE ROHIT NARHARI		
26	GHODKE ANUJA RAMPRABHU		
27	GHOLAP SARTHAKI MAHESH		
28	GITTE AKANKSHA BABASAHEB		
29	GOR SHREEYA PHALGUN		
30	HOLE ANUSHKA BALASAHEB		
31	JADHAV ARATI SACHIN		
32	JADHAV ASHUTOSH SHARAD		
33	JADHAV SWAPNALI SANJAY		
34	JAIN YUTHIKA DEEPAK		
35	JAWALE PRAJAKTA SURESH		
36	JAWARKAR SANSKRUTI VIKAS		
37	JOSHI SAYALI SARANG		
38	KADAM VAISHNAVI SUNIL		
39	KAKADE RADHIKA HANMANT		
40	KAMBLE TEJAS ANIL		
41	KANADE PRIYANKA VIJAY		
42	KATE TANVI RAMESH		

43	KUBDE RUTIKA RAMDAS		
44	KUMBHAR SRUSHTI RAJARAM		
45	KUSUMBE NIKITA PRAKASH		
46	MAHALE HARSHALI VIJAY		
47	MALI SHIVANI VILAS		
48	MALUSARE ADITI GULSHAN		
49	MASKE SHRADDHA KESHAV		
50	MOMIN AIMAN IRSHAD		
51	MUPADE POOJA VILAS		
52	NAGRE GAURI MADHUKAR		
53	NAIK ASTHA SWAPNIL		
54	NAKVE VAISHNAVI NARAYAN		
55	NANDANWAR SANIKA KISHOR		
56	OMASE ADITI GOVIND		
57	OSWAL VIDHI LALIT		
58	PATEKAR AKANKSHA RAMESHWAR		
59	PATEL MANSI PRAKASH		
60	PATIL PRANJAL RAVINDRA		
61	PATIL PURVA LALIT		
62	PATIL SRUSHTI ULHAS		
63	PAWAR OMKAR PRAKASH		
64	PAWAR YASH BHAGWAN		
65	PHALKE SHRAVANI DNYANESHWAR		
66	PHATAK HRUSHKESH RAJENDRA		
67	PUDALE SHUBHANYU SUDESH		
68	RAMTEKE SAWANI SATYAWAN		
69	RAUT MRUNAL RAMESH		
70	RONGATE SUMEDHA TUKARAM		
71	SALAVE VAISHNAVI BABAN		
72	SALVE SANIYA VASANT		
73	SARALE KSHITIJA PRAKASHRAO		
74	SARODE HARDIKA ATUL		
75	SAWANT MIHIKA SACHIN		
76	SAWANT PRAFUL SANTOSH		
77	SETHURAMAN DIPTI		
78	SHAH RUSHABH JITENDRA		
79	SHAHARE KRITI LALDAS		
80	SHELKE NIKITA SHANKAR		
81	SHEWALE ASHAY AMBADAS		
82	SHIMRU SAYLI KIRAN		
83	SHIPANKAR SHUBHAM SRIKANT		
84	SHRUTI S KALE		
85	SONUNE VEDANTI GAJANAN		
86	SOUMYA SUNEEL NAIR		
87	SUNETRA MAHADESHWAR		

88	SURYAWANSHI SMITA DIGAMBER		
89	TALE PAWAN BHASKAR		
90	VAIDYA ABHISHEK DINKAR		
91	WAGH VAISHNAVI RAGHUNATH		
92	WAGHMARE SAKSHI SHIVAJI		
93	WANDRE ABHISHEK NARAYAN		
94	YADAV SUPRIT VIJAY		
95	PATIL AISHWARYA		
96	RAUT PRIYA		

PG			
1	TONE MRUNALI		
2	GAME SHIRISH		
3	UTEKAR SANJEET		
4	RAJE MANJIRI		
5	LOKHANDE VISHWAJEET		
6	PADWAL SHRADDHA		
7	MUNE BHAGYASHREE		
8	MONITE VIJAYALAXMI		

Batch 2020-2025

BATCH 2020-25			
LIST OF STUDENTS VACCINATED FOR COVID 19			
SR NO	NAME	1ST DOSE	2ND DOSE
1	AAGE LAJARI KISHOR		
2	ADAM SHRUTI JAGDISH		
3	AGHAV PRANAV POPAT		
4	BADGUJAR RUCHIKA PRAKASH		
5	BANODE AVANTIKA GANESHRAO		
6	BHAT KHUSHI RAHUL		
7	BHISE KUNAL DEORAO		
8	BHOSLE SUNIDHI CHANDRAKANT		
9	BORUDE PRADNYA SITARAM	PBS	PBS
10	BUMB DARSHAN PRASHANT		
11	CHANDAK AARYA ANAND	AAA	AAA
12	CHAURE PANKAJ CHANDRAKANT		
13	CHAVAN PRATIKSHA SAMBHAJI		
14	CHIKHALE SHUBHAM SANDEEP		
15	CHIPADE MANTHAN VISHWANATH		
16	DAHAT PRIYANKA PRADIP		
17	DAHIPHALE PRADEEP BALU		
18	DALIMBKAR SPURTI GULABRAO		
19	DARADE JANHAVI DNYANESHWAR		
20	DEO SHARVARI ANAND		
21	DESHMUKH SHWETA SUNDAR		
22	GAIKWAD MITALI MAROTI		
23	GARGOTE AKANKSHA KALURAM		
24	GARMODE PRIYANKA SUBHASH		
25	GHUGARE PRATIKSHA TANAJI		
26	HAVASHETTE PRAVIN RAMESH		
27	HINGE RUI CHANDRAKANT		
28	INGAWALAY SANIKA SUUNIL		
29	INNANI GOURAV KAMALKISHOR		
30	JADHAV CHAITALI DIPAK		
31	JADHAV CHANCHAL DNYANESHWAR		
32	JADHAV TEJASVI MAHESH		
33	JAIN RICHI SANJAY		
34	JAMBHALKAR MANJU SUKHADEO		
35	KACHARE SARATHI SANJAY		
36	KALYANKAR SHUBHANGI MANOHAR		
37	KEDARE SIDDHI RAVINDRA	SSID	SSID
38	KHALATE PRIYANKA GANESH		
39	KUDALE TAPAN POPAT		
40	KURUTHUKULANGARA ELLENA SHAJI		
41	MALGHANE BHUSHAN SANJAY	B.C	B.C
42	MIDGULE SAMRUDDHI SUNIL		

43	MORE NUPUR VITTHAL		
44	MULE RENUKA SAMPATRAO		
45	MUNGSE VAISHNAVI SAMBHAJI		
46	NANDE SHWETANK SAGAR		
47	NAWALE ANVITA PRALHAD		
48	NIKHADE RUCHI GAJANAN		
49	OMBASE NIKITA MALHARI	Nikita	Nikita
50	OSWAL ISHA SANJAY	Isha	Isha
51	PADMAWAR SHAMAL MANOJ		
52	PANIKER AISHWARYA PRATHAPAKUMAR		
53	PANSARE ASMITA BALASAHEB	A.B.P	A.B.P
54	PARDESHI RITU DATTATRAY		
55	PATEL DIVYA SANJAY		
56	PATIL ADITI BHARAT		
57	PATIL KRITIKA TUSHAR	Kritik	Kritika
58	PATIL ROSHAN BHAUSAHEB		
59	PATIL SAYALI SHARAD	SAYALI	SAYALI
60	PAWAR PRACHI DHANANJAY		
61	PAWAR SHIVANI KALYAN		
62	PHATE AKSHAYA PURUSHOTTAM	A-Phate	A-Phate
63	PILLAY AISHWARYA SHAILENDRA		
64	RANVIR ASMITA ARUN		
65	RATHOD ANJALI HARI		
66	RATHOD ASHWINI SHIVLAL	Ashwini	Ashwini
67	RODE ADITI SANTOSH		
68	SALVE ADITYA SAHADEV	Asalve	Asalve
69	SAMAL VAISHNAVI ANAND		
70	SHAIKH MASEERA PARVIN MOHD ASHFAQUE		
71	SHAKUNTAL SUHAS GIRISH		
72	SHELAR SAKSHI LAHUKUMAR	Sakshi	Sakshi
73	SHENDAGE TEJAL TANAJI		
74	SHENDE YUGAL VINOD		
75	SHETIYA TANVI JITENDRA	Tanvi.S	Tanvi.S
76	SHINDE MUKTA VINAYAK		
77	SHINDE SAMRUDDHI DHARMARAJ	SS Dharm	SS Dharm
78	SURVE MAYURI DHANAJI		
79	TANDALE RUTIK BHANUDAS		
80	TATTAPURE MANGESH SURYAKANT		
81	TELE PRATIK BALU		
82	TUPE RUTIKA SATISH		
83	WAGH SHIVANI KISHOR		
84	WAKASE RUCHITA DATTATRAY		
85	WANJARE ANUSHKA RAVINDRA		
86	WANKHADE AKANKSHA VILASRAO		
87	YELVE TEJUS BUDDHADAS	Tejus	Tejus

88	YEWALE UTKARSHA AVINASH	Utkarsha	Utkarsha
89	ZAGADE PRATIKSHA KONDIBA	Pratiz	Pratiz
90	ZANWAR SAYALI JUGALKISHOR	Zanwar	Zanwar
91	JADHAV PRANJALI UTTAM	Pranjali	Pranjali
92	NAIKWADE NIKITA SUBHASH	Nikita	Nikita
93	KATANGHAR ANAM FIRDOUS	ANAM	ANAM
94	KOMAL AGRAWAL	Komal	komal
95	KSHITIJA KAMBLE	Kshitija	Kshitija
96	MANSI UNDRE	MANSI	MANSI
97	MORE ISHITA	Ishita M	Ishita M
98	GAURI HANDE	G'H	G. H
99	SAKSHI PATEL	Sakshi P	Sakshi P
100	SAYYED FARHEEN	Safar	Safar

Batch 2019-2024

BATCH 2019-24			
LIST OF VACCINATED STUDENTS FOR COVID 19			
SR NO	NAME	1ST DOSE	2ND DOSE
1	AMBATKAR SAKSHI SADANAND		
2	BAILE SHIVKRISHNA KRANTIKAR		
3	BALGUDE TRUPTI SANJAY		
4	BARI MRUNALI GOPAL		
5	BEDSE HARSHAL RAJDHAR		
6	BHANSALI PRINCE SUSHIL		
7	BHATTI HARDIK RAHUL		
8	BHISE ROHINI BALU		
9	BHUTKAR ARYA ANIL		
10	CHANDORKAR ISHAN ASHISH		
11	CHANGMAYUM ESHITA		
12	CHAVAN SHRADDHA ASHOKRAO		
13	CHIDDARWAR JANHAVI ATUL		
14	DANDNAIK SHRADHA ANAND		
15	DARADE AMIT SUMANT		
16	DESHMANE ADITI ARUN		
17	DESHMUKH SAKSHEE SURYAKANT		
18	DODIA RUCHI BIPIN		
19	DOND PRASAD SUNIL		
20	DUDHADE PALLAVI		
21	DUGANI SNEHAL MURGENDRA		
22	GAIKWAD ABHAY SHAHAJI		
23	GAIKWAD AKANKSHA PANDURANG		
24	GAIKWAD ANKITA DATTATRAY		
25	GAIKWAD MOHAK MAROTI		
26	GARG KASHISH SANJAY		
27	GAVHANE GEETA RAMDAS		
28	GOWAIKAR RUCHA SANJAY		
29	GUDADHE TRUPTI JAYANT		
30	GUPTA RAGHAV MAHESH		
31	HALAGERI PARVATI BASAVRAJ		
32	JAMNA SANIYA ILIYAS		
33	JHAWAR AKSHATA RAMKISHOR		
34	JOSHI VAISHNAVI VINAYAK		
35	KAMBLE MRUNAL VIJAY		
36	KAMBLE PRAJAKTA SHAILENDRA		
37	KANPILE SAKSHI CHETAN		
38	KEKARE NIRMITI DASHRATH		
39	KHAKAR SWAROOP ARUN		
40	KHARAT VAISHNAVI RAMESH		
41	KULKARNI HARSH MILIND		
42	LADKAT VAISHNAVI SUKHADEV		

43	LOKHANDE PRATIKSHA NARHARI		
44	LOLAGE VAISHANVI		
45	LONDHE SIDDHESH ANIL		
46	LONDHE VINIT MAHADEO		
47	LONKAR SAKSHI SANDIP		
48	MAGAR SHREYAS ASHOK		
49	MAHAJAN JUI SHASHANK		
50	MALI PRERNA RAJESH		
51	MANDAVE SHWETAN SHANKAR		
52	MANE ONKAR VINAYAK		
53	MANEK SRUSHTI RAJESH		
54	MAURYA KHUSHBU		
55	MHETRE SAMRUDDHI RAJESH		
56	MISHRA SHUBHAM SANJAY		
57	MOHITE AISHWARYA ULHAS		
58	MOMIN RUSHNA ISHTIYAQUE AHMED		
59	MORE AMRUTA BALDEO		
60	MULE ADITYA SATISH		
61	MULIK SIDDHI SAMBHAJI		
62	MUNIFA NAZ MOHAMMAD RAFIQUE		
63	NARKHEDE SAKSHI SHRIKANT		
64	NARSULE DIVYA ARVIND		
65	NARWADE SHYAM VIJAY		
66	PATEL RIDDHI HARESH		
67	PATIL DEVYANI NANDKISHOR		
68	PATIL HARSHADA ULHASRAO		
69	PATIL JAGRUTI SATISH		
70	PATIL PAWAN SATISH		
71	PAWAR POOJA GOPICHAND		
72	PAWAR RUTUJA RAMNATH		
73	PHALKE MRUNAL UMESH		
74	PHARATE SHWETA EKNATH		
75	RAUT AISHWARYA SHIVLING		
76	ROKADE ATHARV RAJU		
77	SALIYAN SHRUTI SURASH		
78	SAWANT ROHINI BHARAT		
79	SEKHSARIA NIKITA NARENDRA		
80	SHAIKH RUHMA ARIF		
81	SHARMA DEVANSHI		
82	SHEKAPURE AISHWARYA BALAJI		
83	SHELKE OMKAR NANASAHEB		
84	SHETE VRUSHALI SANJAY		
85	SHINDE PRAJAKTA SADASHIV		
86	SHINDE VAISHNAVI HANUMANT		
87	SHINGADE ADITYA RAGHU		

88	SIRSAT SAMRUDHI PRATHVIRAJ		
89	SONAR BHUVANESHWARI PANKAJ		
90	SONAWANE KANCHAN RAVINDRA		
91	SONAWANE SANGRAM SANJAY		
92	SPRIHA SINGH		
93	SURYAWAD RUTUJA RAOSAHEB		
94	SURYAWANSHI VIJAYALAXMI MAHENDRA		
95	TAMBE SAMRUDDHI SARASRAM		
96	THORAT DEEPALI DAJI		
97	THORAT PRATIKSHA HARISH		
98	UGRAN SHRADDHA VIJAYKUMAR		
99	WARAL CHETAN SUNIL		
100	WARKAD PRATIKSHA GAJANAN		

Batch 2018-2023

BATCH 2018-23			
LIST OF VACCINATED STUDENTS FOR COVID 19			
SR NO	NAME	1ST DOSE	2ND DOSE
1	ADSULE YOJANA JEETENDRA	Yojana	Yojana
2	AGARKAR HRUTUJA VINOD	Hrutuja	Hrutuja
3	AGLAWE SAKSHI SURESH	Sakshi	Sakshi
4	AUTADE HARSHAL DATTATRAY		
5	BANGAR ASHWINI VITTHAL	Ashwini	Ashwini
6	BANSODE SNEHA MAHADEO	Sneha	Sneha
7	BARDESKAR RUTUJA APPASO	Rutuja	Rutuja
8	BHOIR SHIVANI SHANKAR	Shivani	Shivani
9	BHOYAR SHRADDHA GANESH	Shraddha	Shraddha
10	BHUJBAL HARSHADA RAMESHWAR	Harshada	Harshada
11	BHURA AMAAN ASIF	Amaan	Amaan
12	BORADE NANDINI CHANDRAKANT	Nandini	Nandini
13	CHAUDHARI KETAN SANJAY	Ketan	Ketan
14	CHAVAN ANURADHA ANIL	Anuradha	Anuradha
15	CHOUDHAR SAYALI APPA	Sayali	Sayali
16	CHOUDHARY VAISHNAVI VINOD	Vaishnavi	Vaishnavi
17	DABERAO ADITI HARISH	Aditi	Aditi
18	DESHMUKH RUTIKA ARUN	Rutika	Ruthika
19	DESHMUKH SANJANA MILIND	Sanjana	Sanjana
20	DHANDE SANKET DATTU	Sanket	Sanket
21	DODAL ISHAN AKSHAY	Ishan	Ishan
22	DUDHE POOJA NILKANTH	Pooja	Pooja
23	GAIKAR MANALI SAKHARAM	Manali	Manali
24	GAIKWAD AKSHATA TANAJI	Akshata	Akshata
25	GAIKWAD PRASAD JALINDAR	Prasad	Prasad
26	GAIKWAD SHIVANI NITIN	Shivani	Shivani
27	GARJE KIRTI VIJAYKUMAR	Kirti	Kirti
28	GHOSALKAR GARGI RAJENDRA	Gargi	Gargi
29	GIRE POONAM TULSIRAM	Poonam	Poonam
30	GUNE ISHA SUBHASH	Isha	Isha
31	ITANKAR SHARVARI BODHRAJ	Sharvari	Sharvari
32	JADHAV ANJALI ASHOK	Anjali	Anjali
33	JADHAV ROHINI BHARAT	Rohini	Rohini
34	JADHAV TANMAY ASHISH	Tanmay	Tanmay
35	JAGTAP PRATIK VIJAY	Pratik	Pratik
36	JAISWAL RITIKA RAKESH	Ritika	Ritika
37	JAJU GAURI SUNIL	Gauri	Gauri
38	JAYBHAYE ROHAN UTTAMRAO	Rohan	Rohan
39	JHA KRITIKA	Kritika	Kritika
40	JOSHI ISHA CHINTAMAN	Isha	Isha
41	KAIRAMKONDA RUTUJA RAMESH	Rutuja	Rutuja
42	KAMTHE ABOLI DATTATRAY	Aboli	Aboli

43	KAMTHE ASHWINI MADHUKAR		
44	KANADE SAKSHI MAHENDRA		
45	KARKAR PRANAV RAJIV		
46	KENDRE RUTUJA DNYANOBA		
47	KHANDEKAR RUSHIKESH UMESH		
48	KHARAT TEJAS SITARAM		
49	KHATIK AAFIYA PARVEEN		
50	KHUDE SHANTANU VISHNU		
51	KRISHNA KESHAV		
52	KSHIRSAGAR SHIVANI RAJENDRA		
53	KULKARNI MRUNAL SUNIL		
54	LATPATE MANSI NATHRAO		
55	LINGAIT VIDISHA		
56	MANWANI ANISHA SUNIL		
57	MANWAR SANKET AVINASH		
58	MARIA NOOR		
59	MORE PRATIK YASHWANT		
60	MULEY SAMPADA DHANANJAY		
61	MUNJAL VIDHYA DEVIDAS		
62	MUTTEPWAR SAMPADA SUNIL		
63	NAGDEKAR SHRUTI RAVINDRA		
64	NAIKWADE PALLAVI CHANDRASHEKHAR		
65	NALAWADE ANKITA BHIMRAO		
66	NALAWADE INDRAJEET YOGESH		
67	NIGAM SOMILA UMESH		
68	NIKAM SHRADDHA ARJUN		
69	PACHANGE VAISHNAVI VENKATESH		
70	PADGHAN SARIKA MADHUKAR		
71	PADILE NISHIGANDHA DNYANOBA		
72	PAGNIS AAYUSHI		
73	PAKAWALA UMMAY KULSUM		
74	PANASKAR APOORVA DIPAK		
75	PARDESHI ISHWARI SUNIL		
76	PARMAR YASHI SAMPAT		
77	PASUNOORI AISHWARYA SOMNARSAIAH		
78	PATIL TEJASWINI MAHENDRA		
79	PAYGHAN AKASH KADUJI		
80	PITALE NEHA GIRISH		
81	POOJARY NIKHITA PRABHAKAR		
82	POTODE BAKUL NARENDRA		
83	RAHMA TAFHEEM		
84	RAMGADE RIYA JITENDRA		
85	RAVANGAVE VAISHNAVI SANJAY		
86	ROKDE ALISHA SHIVRAM		
87	SAGAR SHUBHANGI JIVAN		

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Batch 2022-2027

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Certificate ID 72212576593

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ganga Laxman Gore**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8941**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363141202906**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**S. N. Phadale**
Vaccination At / लसीकरणाचे स्थळ	**RurG/KHE/RH Chandoli, Pune, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 19 Feb 2022 and 05 Mar 2022**

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 Jan 2022	COVAXIN	37121045A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 24303945561

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Wadne**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0791**
Unique Health ID (UHID)	
Beneficiary Reference ID	**34608145828610**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**saravani lalsar**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Ankushrao Landge Natyagru, Pune, 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	16 Jan 2022	COVAXIN	37H21127A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	07 Apr 2022	COVAXIN	37M22026A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Afiya Yaqub Khan**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1950**
Unique Health ID (UHID)	**40-0277-5484-0432**
Beneficiary Reference ID	**14811915980660**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**26 Jun 2021 (Batch no. 4121MC007)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**25 Sep 2021 (Batch no. 4121P154)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Dipen**
Vaccination at / लसीकरणाचे स्थळ	**SURANA SETHIA HOSPITAL CHEMBUR, Mumbai, Maharashtra**

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Certificate ID 48737784913

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Vijaykumar Ingale**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2033**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21397754278744**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shila Rathod**
Vaccination At / लसीकरणाचे स्थळ	**Shivaji Nagar A.Bad UHC, Aurangabad , 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	14 Aug 2021	COVISHIELD	4121MC053	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	09 Dec 2021	COVISHIELD	4121AA058M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 78210034738

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Prachi Vilas Mundhe
Age / वय	18
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7978
Unique Health ID (UHID)	
Beneficiary Reference ID	96121781254430
Vaccination Status / लसीकरण स्थिती	Partially Vaccinated (1 Dose)

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
Date of Dose / डोसची तारीख	06 Jan 2022
Batch Number / बॅच क्रमांक	37M21052A
Next Due Date / पुढील देय तारीख	Between 03 Feb 2022 and 17 Feb 2022
Vaccinated By / यांच्याद्वारे लसीकरण	Mundhe D
Vaccination At / लसीकरणाचे स्थळ	Ward 15 LalBahadurSastriSchool, Latur, Maharashtra

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Certificate ID 88636016994

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Anisha Vijay Gadekar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0769**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363262857642**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Dr. Swapnali Dhoka**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Pritam Childrens Hospital, Pune, 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	04 Dec 2021	COVISHIELD	4121MF022	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	19 Mar 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	02 Jul 2022	COVISHIELD	4122Z003	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 36887311979

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Arundhati G Nair**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6028**
Unique Health ID (UHID)	
Beneficiary Reference ID	**48848353510340**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Madhuri sawant**
Vaccination At / लसीकरणाचे स्थळ	**KDMCG 15-18 YRS PATKAR UPHC, Thane, 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	07 Jan 2022	COVAXIN	37H21128A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	12 Feb 2022	COVAXIN	37M21077A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 37848805234

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunmayi Sanjog Gholap**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8128**
Unique Health ID (UHID)	
Beneficiary Reference ID	**68325744592910**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Priti Raut**
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G14 Wadgaon Minatai, Pune, 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 Jan 2022	COVAXIN	37H2I058A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	25 Feb 2022	COVAXIN	37H21134A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 56374695606

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Monika Vijay Bbhurkade**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5069**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21369214182797**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Nanda kamble**
Vaccination At / लसीकरणाचे स्थळ	**VDGIMS GMC Latur 2, 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	13 Sep 2021	COVISHIELD	4121MC070	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	16 Dec 2021	COVISHIELD	4121MC134	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 12355180683

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sara Shailesh Jjirafe**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4985**
Unique Health ID (UHID)	
Beneficiary Reference ID	**83368562598070**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Mr.RUPESH RATHOD**
Vaccination At / लसीकरणाचे स्थळ	**12 Dharni SDH 45-, Amravati, 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	05 Jan 2022	COVAXIN	37M21044A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	10 Feb 2022	COVAXIN	37G21107A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 20411989362

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kshitija Rajesh Sawane**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6765**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363750458321**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SUSHMA AIGHOLE**
Vaccination At / लसीकरणाचे स्थळ	**District Hospital Aundh, Pune, 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	18 Jan 2022	COVAXIN	37G21067A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	17 Feb 2022	COVAXIN	37G21139A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 72391085722

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bhagwat Sakshi Santosh**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2067**
Unique Health ID (UHID)	
Beneficiary Reference ID	**88963473606570**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**komal mane**
Vaccination At / लसीकरणाचे स्थळ	**Ward 07 LCMC, 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	06 Jan 2022	COVAXIN	37M21052A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	03 Feb 2022	COVAXIN	37G21103A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 79579716314

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rutu Takle**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8310**
Unique Health ID (UHID)	
Beneficiary Reference ID	**84567467245680**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Asha kamble**
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G3Mahatma Phule Sans, Pune, 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	29 Jan 2022	COVAXIN	37G21106A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	17 Mar 2022	COVAXIN	C10/22004	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 32477936812

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shivangi Bagade**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7374**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391955555470**
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	**03 Jan 2022**	**10 Feb 2022**
Batch Number / बॅच क्रमांक	**37121050A**	**37G21106A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Jyoti Bangar**	
Vaccination At / लसीकरणाचे स्थळ	**CORP Civil Health Post, Ahmednagar, Maharashtra**	

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Certificate ID 14795195056

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Prerna Ramesh Nagargoje**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1496**
Unique Health ID (UHID)	
Beneficiary Reference ID	**53445207616050**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2022-01-07**
Batch Number / बॅच क्रमांक	**37G21051A**
Next Due Date / पुढील देय तारीख	**Between 04 Feb 2022 and 18 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**survanmala madke**
Vaccination At / लसीकरणाचे स्थळ	**Covid19VaccinationTeam 4 MCLtr, Latur, Maharashtra**

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Certificate ID 49650834087

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Isha Wankhade**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3283**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21365254718371**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Kundan Jadhav**
Vaccination At / लसीकरणाचे स्थळ	**5 Karanja SDH-2 (18 To 44), Washim, 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	10 Jan 2022	COVAXIN	37H21115A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	14 Mar 2022	COVAXIN	37G21154A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 34358564648

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bushra Mujahid Hussain Iftekhari**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3052**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363595567315**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**AVITA DAMALE**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Old Jijamata Hospital Cv2, Pune, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 05 May 2022 and 02 Jun 2022**

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	10 Feb 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Madhura Rajan Rane**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6267**
Unique Health ID (UHID)	
Beneficiary Reference ID	**91223651668910**
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	**04 Jan 2022**	**10 Mar 2022**
Batch Number / बॅच क्रमांक	**37M21005A**	**37H21120A**
Vaccinated By / यांच्याद्वारे लसीकरण	**V R Dharne**	
Vaccination At / लसीकरणाचे स्थळ	**Vetal Bambarde SC (KUDAL), Sindhudurg, Maharashtra**	

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sharayu Navnath Bankar**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0327**
Unique Health ID (UHID)	
Beneficiary Reference ID	**64172209686650**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Memane**
Vaccination At / लसीकरणाचे स्थळ	**RurG/HAV/PHCPhursungi, Pune, 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	24 Jan 2022	COVAXIN	37H21127A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	24 Feb 2022	COVAXIN	37H21134A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Avantika Abhay Tarak**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0508**
Unique Health ID (UHID)	
Beneficiary Reference ID	**81592550399880**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Ms.Siyona Bansode**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Premlok Park UHC 1, Pune, 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	03 Jan 2022	COVAXIN	37121045A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	05 Feb 2022	COVAXIN	37H21127A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 25605432308

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akanksha Ratnakar Raut**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9269**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382123462268**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sumitra Ratanlal Jakhad**
Vaccination At / लसीकरणाचे स्थळ	**District Womens Hospital Nande, Nanded, 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	13 Jan 2022	COVAXIN	37M21001A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	01 Jul 2022	COVAXIN	C10/22021	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 84584418263

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Mangesh Borade**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8285**
Unique Health ID (UHID)	
Beneficiary Reference ID	**67177625752610**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**13 Jan 2022**
Batch Number / बॅच क्रमांक	**37I21058A**
Next Due Date / पुढील देय तारीख	**Between 10 Feb 2022 and 24 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**MEGHA PATNE**
Vaccination At / लसीकरणाचे स्थळ	**PMC G5 Vilasrao Tambe, Pune, Maharashtra**

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Certificate ID 65192799662

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Vishnu Sanap**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # NVDPS1906J**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21367228661190**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Satish Mehetre**
Vaccination At / लसीकरणाचे स्थळ	**Deolgaon Raja RH Campus, Buldhana, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 14 Mar 2022 and 28 Mar 2022**

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	14 Feb 2022	COVAXIN	37M21007A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 37921499002

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sanika Shantanu Mulay**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Ration Card # SK2367699**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21383101353363**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Salvitthal R D**
Vaccination At / लसीकरणाचे स्थळ	**NUHM Pandharpur, Solapur, 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	07 Jan 2022	COVAXIN	37G21051A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	11 Feb 2022	COVAXIN	37H21154A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 92551974357

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sayali Sonawane**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3028**
Unique Health ID (UHID)	
Beneficiary Reference ID	**61771886843180**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Gholap K.V.**
Vaccination At / लसीकरणाचे स्थळ	**RurG/DAU/PHC Warwand 15-18, Pune, 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	07 Jan 2022	COVAXIN	37G21067A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	23 Feb 2022	COVAXIN	37M21047A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 87760650970

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shambhavi Sonare**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4005**
Unique Health ID (UHID)	
Beneficiary Reference ID	**94852003186110**
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	**12 Jan 2022**	**15 Feb 2022**
Batch Number / बॅच क्रमांक	**37I21045A**	**37G21051A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Abhinay Atala**	
Vaccination At / लसीकरणाचे स्थळ	**MC G Nandanvan Uphc Site A, Nagpur, Maharashtra**	

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Certificate ID 57694630563

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Chaitrali Ahire**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4851**
Unique Health ID (UHID)	
Beneficiary Reference ID	**32728365438360**
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	**08 Jan 2022**	**12 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21055A**	**37G21136A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Shital Chandane**	
Vaccination At / लसीकरणाचे स्थळ	**Podar International School AMC, Aurangabad , Maharashtra**	

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Certificate ID 57929107267

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shrutika Pushpakant Malale**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1964**
Unique Health ID (UHID)	
Beneficiary Reference ID	**43648080615740**
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	**2021-09-18**	**2021-11-29**
Batch Number / बॅच क्रमांक	**37H21059A**	**37G21014A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Shital Chavan**	
Vaccination At / लसीकरणाचे स्थळ	**Civil Hospital Osmanabad, Osmanabad, Maharashtra**	

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Certificate ID 30320664697

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Thorat**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1378**
Unique Health ID (UHID)	
Beneficiary Reference ID	**83179310978270**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Divyata Parte**
Vaccination At / लसीकरणाचे स्थळ	**PMC G5 Vilasrao Tambe, Pune, 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	06 Jan 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	27 Apr 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 82527026903

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Prahld Chavan**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7849**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382905378032**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sumitra Ratanlal Jakhad**
Vaccination At / लसीकरणाचे स्थळ	**District Womens Hospital Nande, Nanded, 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	07 Jan 2022	COVAXIN	37M21001A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	01 Jul 2022	COVAXIN	C10/22021	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 62455241431

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tanushree Khladkar**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5070**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21819885503020**
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	**08 Jan 2022**	**08 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21045A**	**37G21139A**
Vaccinated By / यांच्याद्वारे लसीकरण	**NAMITA BARELA**	
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G2 Kalawtibai Mawale, Pune, Maharashtra**	

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Certificate ID 54663233827

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Bhart Jadhav**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0923**
Unique Health ID (UHID)	
Beneficiary Reference ID	**50409615407500**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2022-01-06**
Batch Number / बॅच क्रमांक	**37G21021A**
Next Due Date / पुढील देय तारीख	**Between 03 Feb 2022 and 17 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**SushilaVasave**
Vaccination At / लसीकरणाचे स्थळ	**NMC Swami Vivekananda, Nashik, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aarya More**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1276**
Unique Health ID (UHID)	
Beneficiary Reference ID	**33776859216230**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**VIJAYAMMA BABU**
Vaccination At / लसीकरणाचे स्थळ	**MEENAS HOSPITAL, Mumbai, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 03 Jul 2022 and 17 Jul 2022**

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	05 Jun 2022	COVAXIN	37H22076A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID : 25341749048

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Shradha vasantrao narwade
Age / वय	18
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX8137
Unique Health ID (UHID)	72-3336-7455-0320
Beneficiary Reference ID	71698468830720
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 Jul 2021	20 Aug 2021
Batch Number / बॅच क्रमांक	37I21013A	37F21108A
Vaccinated By / यांच्याद्वारे लसीकरण	S.B.Kolpuke	
Vaccination At / लसीकरणाचे स्थळ	SRTRMC Amabajogai Covaxin., Beed, Maharashtra	

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Simran Sunil**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3027**
Unique Health ID (UHID)	
Beneficiary Reference ID	**39852663286800**
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	**26 Jan 2022**	**26 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21052A**	**37H21133A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Sneha Mhatre**	
Vaccination At / लसीकरणाचे स्थळ	**Kanjurmarg C And G Jumbo CVC, Mumbai, Maharashtra**	

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Certificate ID 86969315305

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Poorva Ohal
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX3497
Unique Health ID (UHID)	
Beneficiary Reference ID	21363399730261
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	20 Nov 2021	07 Mar 2022
Batch Number / बॅच क्रमांक	4121MC107	4121MF041
Vaccinated By / यांच्याद्वारे लसीकरण	POONAM CHOUNDE	
Vaccination At / लसीकरणाचे स्थळ	PCMC Nilu Phule Natyagruh PCMC, Pune, Maharashtra	

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Certificate ID 30476639082

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Srushti Arvind Wagh**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5887**
Unique Health ID (UHID)	
Beneficiary Reference ID	**66548952962160**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Bhosale Shivraj Bapu**
Vaccination At / लसीकरणाचे स्थळ	**BMT/RR/RurG/BMT/WOMEN HOSPITAL, Pune, 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	06 Jan 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	08 Apr 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 56298434590

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pawar Sneha Bhagwandas**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5845**
Unique Health ID (UHID)	
Beneficiary Reference ID	**33958559395610**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Pooja**
Vaccination At / लसीकरणाचे स्थळ	**Satara UHC, Aurangabad , 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	08 Oct 2021	COVISHIELD	4121Z002M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	27 Jan 2022	COVISHIELD	4121AA058M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sayli Kiran Patil**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2087**
Unique Health ID (UHID)	
Beneficiary Reference ID	**39198359008020**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Asha Tandale**
Vaccination At / लसीकरणाचे स्थळ	**PMC G10 Mhaske Hos, Pune, 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 Jan 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	19 Apr 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 49509956145

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swanandi Rajendra Bhagwat**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7645**
Unique Health ID (UHID)	
Beneficiary Reference ID	**56727821856340**
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	**23 Jan 2022**	**04 Mar 2022**
Batch Number / बॅच क्रमांक	**37M21058A**	**37H21134A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Shittal Khandekar**	
Vaccination At / लसीकरणाचे स्थळ	**PCMC ESIS Hospital 1 Cvc, Pune, Maharashtra**	

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Certificate ID 65287733854

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Harshada Ashok Pote**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4947**
Unique Health ID (UHID)	**54-1546-0250-5653**
Beneficiary Reference ID	**75561125355960**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Varsha Masale**
Vaccination At / लसीकरणाचे स्थळ	**RurG/AMB/PHC Taleghar, Pune, 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	12 Aug 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	25 Nov 2021	COVISHIELD	4121AA014M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 85980775417

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rucha Rajesh More**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3971**
Unique Health ID (UHID)	
Beneficiary Reference ID	**63477587951960**
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	**11 Jan 2022**	**17 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21043A**	**37M22004A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Shraddha More**	
Vaccination At / लसीकरणाचे स्थळ	**JJ Hospital Covaxin, Mumbai, Maharashtra**	

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Certificate ID 89065851493

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Ganeshrao Sule**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7360**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21384116701759**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Bharati**
Vaccination At / लसीकरणाचे स्थळ	**Gautam Nagar UPHC MC Latur, 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	02 Jul 2021	COVAXIN	37F21065A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	31 Jul 2021	COVAXIN	37I21016A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	26 Sep 2022	COVAXIN	37M22022A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 66106677975

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditya Hemant Surutkar**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9816**
Unique Health ID (UHID)	
Beneficiary Reference ID	**55383924855050**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Manisha Devarde**
Vaccination At / लसीकरणाचे स्थळ	**Mahadik Mal No.6 UHC 1 KMC, Kolhapur, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 08 Feb 2022 and 22 Feb 2022**

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	11 Jan 2022	COVAXIN	37M21019A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 14125382504

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ashish Kishor Tayde**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7479**
Unique Health ID (UHID)	
Beneficiary Reference ID	**90561730021610**
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 Pvt. Ltd.**
Dose Number / डोस क्रमांक	**1/2**
Date of Dose / डोसची तारीख	**2021-12-28**
Batch Number / बॅच क्रमांक	**4121Z274**
Next Due Date / पुढील देय तारीख	**Between 22 Mar 2022 and 19 Apr 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**Sushant Kharat**
Vaccination At / लसीकरणाचे स्थळ	**Seth Ayurvedic Hospital, Mumbai, Maharashtra**

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Certificate ID 21349134966

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sanskruti Rahul Galande**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6323**
Unique Health ID (UHID)	
Beneficiary Reference ID	**27151189447800**
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	**13 Jan 2022**	**10 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21058A**	**37G21139A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Manisha**	
Vaccination At / लसीकरणाचे स्थळ	**PMC WG15 ST MIRA COLLAGE, Pune, Maharashtra**	

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Certificate ID 83558511695

Beneficiary Details

Beneficiary Name	**Vaishanavi Machindra Kamthe**
Age	**17**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX1469**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363774736647**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Nale P**
Vaccination At	**RurG/PUR/RHSaswad/15-18**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	04 Jan 2022	COVAXIN	37F21143A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	02 Feb 2022	COVAXIN	37H21127A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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- Prime Minister Narendra Modi

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Certificate ID 44561057023

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sanskruti Dipak Akolkar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6612**
Unique Health ID (UHID)	
Beneficiary Reference ID	**23663381188740**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Anita Waidya**
Vaccination At / लसीकरणाचे स्थळ	**Newasa-Newasa RH, Ahmednagar, 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	07 Jan 2022	COVAXIN	37G21051A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	07 Feb 2022	COVAXIN	37G21106A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 94464720912

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Durva Udaykumar Redkar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6188**
Unique Health ID (UHID)	
Beneficiary Reference ID	**20218502111690**
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	**18 Jan 2022**	**16 Apr 2022**
Batch Number / बॅच क्रमांक	**4121MC151**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**NITA VIJAYKUMAR PINGLE**	
Vaccination At / लसीकरणाचे स्थळ	**NESCO 1, Mumbai, Maharashtra**	

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Certificate ID 64706587391

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Arundhati Thorat**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	
Beneficiary Reference ID	**48953618606140**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SONAL MORE**
Vaccination At / लसीकरणाचे स्थळ	**CON HSG BOARD AMC AMBERNATH W, Thane, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 03 Feb 2022 and 17 Feb 2022**

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	06 Jan 2022	COVAXIN	37H21128A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 36710867250

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Rajesh Navar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2490**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21395869062449**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**NIRMALA SONKAMBLE**
Vaccination At / लसीकरणाचे स्थळ	**Kasturba Hospital 01, Mumbai, 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	02 Jul 2021	COVISHIELD	4121mc019	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	28 Sep 2021	COVISHIELD	4121Z002M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 62997065944

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Krishna Shailesh Deshpande**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8242**
Unique Health ID (UHID)	
Beneficiary Reference ID	**20841022625810**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Priti Sharma**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Eye Hospital Masulkar, Pune, 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	03 Jan 2022	COVAXIN	37121045A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	11 Feb 2022	COVAXIN	37G21136A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 93978446891

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sarthak Suhas Bhol**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9097**
Unique Health ID (UHID)	**16-0845-0654-3855**
Beneficiary Reference ID	**25785660302130**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**S.B.Gaikwad**
Vaccination At / लसीकरणाचे स्थळ	**Borgaon PHC W, Sangli, 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	30 Jul 2021	COVISHIELD	4121MC039	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	08 Nov 2021	COVISHIELD	4121MC101	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	22 Jul 2022	COVISHIELD	4121MC166	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 57869537836

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vikrant Appasaheb Birunake**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8809**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21375200773268**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Dhakane s.c**
Vaccination At / लसीकरणाचे स्थळ	**PHC Vairag BA, Solapur, 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	14 Oct 2021	COVISHIELD	4121MC107	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	06 Jan 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 23799481105

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sneha Shivprasad Mahorkar**
Age / वय	**16**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9415**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21383529998793**
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	**05 Jan 2022**	**22 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21044A**	**37M22009A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Hudge**	
Vaccination At / लसीकरणाचे स्थळ	**Ward 8 LCMC, Latur, Maharashtra**	

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Certificate ID 72325883619

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Dhwani Bijjargi**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0329**
Unique Health ID (UHID)	
Beneficiary Reference ID	**16357035225620**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Suhana Vajir Tamboli**
Vaccination At / लसीकरणाचे स्थळ	**Solapur Care Hospital, Solapur, 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	13 Jan 2022	COVAXIN	37G21067A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	23 Feb 2022	COVAXIN	37I21035A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 22162378647

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Urvashi Deepak Shejwalkar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5684**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382321693622**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Ashvini Mahale**
Vaccination At / लसीकरणाचे स्थळ	**Chalisgaon UPHC Covaxin, Jalgaon, 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	06 Jan 2022	COVAXIN	37M21001A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	04 Feb 2022	COVAXIN	37G21105A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 98603012887

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Kulkarni**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5061**
Unique Health ID (UHID)	
Beneficiary Reference ID	**38743797444930**
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	**27 Jan 2022**	**28 Feb 2022**
Batch Number / बॅच क्रमांक	**37G21103A**	**37M21055A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Shaikh**	
Vaccination At / लसीकरणाचे स्थळ	**UPHC 2 Ram Nagar, Osmanabad, Maharashtra**	

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Certificate ID 96272539639

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Abhilasha Pande**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3671**
Unique Health ID (UHID)	
Beneficiary Reference ID	**35801887992060**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2022-01-05**
Batch Number / बॅच क्रमांक	**37H21044A**
Next Due Date / पुढील देय तारीख	**Between 02 Feb 2022 and 16 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**Mayuri Tanurkar**
Vaccination At / लसीकरणाचे स्थळ	**Sangavi UHC Covishield, Nanded, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tejas Ankalkote**
Age / वय	**17**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6812**
Unique Health ID (UHID)	
Beneficiary Reference ID	**73236607939050**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2022-01-05**
Batch Number / बॅच क्रमांक	**37M21052A**
Next Due Date / पुढील देय तारीख	**Between 02 Feb 2022 and 16 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**komal mane**
Vaccination At / लसीकरणाचे स्थळ	**Ward 07 Jaikranti College LCMC, Latur, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tanishka Mahendra Wasnik**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8736**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21587613928410**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Rekha Darade**
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G10 Rajmata Jijau Ma, Pune, 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	13 Jan 2022	COVAXIN	37M21058A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	21 Feb 2022	COVAXIN	37H21134A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tulsi Daulat Munjale**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6196**
Unique Health ID (UHID)	
Beneficiary Reference ID	**53738312738280**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Dipali Londhe**
Vaccination At / लसीकरणाचे स्थळ	**RurG/KHE/RH Alandi, Pune, 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	14 Jan 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	06 May 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 49178101739

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Santosh Thorat**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2573**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363785010885**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**06 Jan 2022**
Batch Number / बॅच क्रमांक	**37G21025A**
Next Due Date / पुढील देय तारीख	**Between 03 Feb 2022 and 17 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**MALEGAON BK**
Vaccination At / लसीकरणाचे स्थळ	**RUL/BMT/PHCMALEGAONBU/15-18, Pune, Maharashtra**

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Certificate ID 65866321577

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vruddhi Suraj Munot**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8677**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21376875033173**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2022-01-03**
Batch Number / बॅच क्रमांक	**37I21045A**
Next Due Date / पुढील देय तारीख	**Between 31 Jan 2022 and 14 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**Reshma Dange**
Vaccination At / लसीकरणाचे स्थळ	**NUHM Kasturba Covaxine, Satara, Maharashtra**

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Certificate ID 54025784290

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Janhavi Nitin Chavan**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4718**
Unique Health ID (UHID)	
Beneficiary Reference ID	**86115931635360**
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	**03 Jan 2022**	**11 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21013A**	**37M21077A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Mrs.Manisha Kalaskar**	
Vaccination At / लसीकरणाचे स्थळ	**PCMCTalera Hospital UHC-2, Pune, Maharashtra**	

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Certificate ID 95624572612

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Samruddhi Sudhir Dongre**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7977**
Unique Health ID (UHID)	
Beneficiary Reference ID	**33512543318520**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**MAMTA TAKSANDE**
Vaccination At / लसीकरणाचे स्थळ	**PMC P 14 Apollo Clinic Vimnngr, Pune, 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	04 Jan 2022	COVAXIN	37121045A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	09 Feb 2022	COVAXIN	37G21139A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
Precaution dose	23 Dec 2022	COVAXIN	37H22071A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 14416033010

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Mahanand Gaikwad**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2005**
Unique Health ID (UHID)	**67-3655-8330-6789**
Beneficiary Reference ID	**31615877649820**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Padekar S S**
Vaccination At / लसीकरणाचे स्थळ	**RuralG/JUN/PHC Yenere, Pune, 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	28 Jun 2021	COVISHIELD	4121MC013	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Sep 2021	COVISHIELD	4121MF004	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 56387224236

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aarya Nagesh Yadav**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1897**
Unique Health ID (UHID)	
Beneficiary Reference ID	**38389575463090**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Ashwini Mane**
Vaccination At / लसीकरणाचे स्थळ	**Vishrambaug UPHC No.5, Sangli, 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	07 Apr 2022	COVISHIELD	4121MC166	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	19 Jul 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 97500245277

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Radhika Nagare**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2657**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363893478296**
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	**04 Jan 2022**	**19 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21015A**	**37H21134A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Swati Ghardinkar**	
Vaccination At / लसीकरणाचे स्थळ	**BajajPMC G12 Jayabai Sutar Ho, Pune, Maharashtra**	

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Certificate ID 36074479483

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Late Akanksha Sunil**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7425**
Unique Health ID (UHID)	
Beneficiary Reference ID	**20236180955650**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**J R Urmude**
Vaccination At / लसीकरणाचे स्थळ	**SHRIGONDA-PHC BELWANDI, Ahmednagar, 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	15 Jan 2022	COVAXIN	37G21103A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	21 Feb 2022	COVAXIN	37M22009A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 94327936773

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Chaphe Diksha Mangesh**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Passport # T6168067**
Unique Health ID (UHID)	
Beneficiary Reference ID	**81504893744410**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Reshma Pujari**
Vaccination At / लसीकरणाचे स्थळ	**BHAGWATI HOSPITAL 1, Mumbai, 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	08 Feb 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	12 May 2022	COVISHIELD	4121MC166	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID: 7869887822

Beneficiary Details

Beneficiary Name / लाभार्थी नाम	**Pratul Sangram Vartak**
Age / वय	**16**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8020**
Unique Health ID (UHID)	
Beneficiary Reference ID	**61555785698810**
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	**07 Jan 2022**	**04 Feb 2022**
Batch Number / बॅच क्रमांक	**37121035A**	**37121035A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Capt Manveen Kaur**	
Vaccination At / लसीकरणाचे स्थळ	**CH (SC) PUNE FOR ARMED FORCES, Pune, Maharashtra**	

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Certificate ID 82058705799

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shravani Kharade**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1391**
Unique Health ID (UHID)	
Beneficiary Reference ID	**68326141242630**
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	**15 Jan 2022**	**29 Mar 2022**
Batch Number / बॅच क्रमांक	**37M21058A**	**37M22026A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Priti Raut**	
Vaccination At / लसीकरणाचे स्थळ	**PMC G14 Wadgaon Minatai, Pune, Maharashtra**	

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Om Balaji Pupalwad**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8577**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21396616801045**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**25 Jun 2021 (Batch no. 4121MC008)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**14 Oct 2021 (Batch no. 4121MC103)**
Vaccinated by / यांच्याद्वारे लसीकरण	**L B Pakhare**
Vaccination at / लसीकरणाचे स्थळ	**MARWADI YUVA MANCH, Jalna, Maharashtra**

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Certificate ID 43406572845

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kalpana Bajirao Gopalghare**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6408**
Unique Health ID (UHID)	
Beneficiary Reference ID	**95365969992970**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**P M Kate**
Vaccination At / लसीकरणाचे स्थळ	**RurG/MAV/PHCKhadkala/SCVadgaon, Pune, 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	15 Nov 2021	COVISHIELD	4121MF021	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	02 Mar 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 60984696894

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Riya Darekar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1567**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363562383932**
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	**22 Jan 2022**	**19 Feb 2022**
Batch Number / बॅच क्रमांक	**37G21106A**	**37H21134A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Supriya Mandavkar**	
Vaccination At / लसीकरणाचे स्थळ	**PMC WG1 pune international s, Pune, Maharashtra**	

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Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Mahendra Khirade**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4736**
Unique Health ID (UHID)	**26-1115-2070-6826**
Beneficiary Reference ID	**58541482543320**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**22 Jun 2021 (Batch no. 4121Z090)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**16 Sep 2021 (Batch no. 4121Z223)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Shegsare. M. T**
Vaccination at / लसीकरणाचे स्थळ	**Devangra SC Nalegaon, Latur, Maharashtra**

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सत्यमेव जयते

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Certificate ID 87431659097

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vidhi Lohade**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6584**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363680771247**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Seema Jadhavar**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Nehrunagar Urdu School, Pune, 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	07 Jan 2022	COVAXIN	37121045R	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	07 Feb 2022	COVAXIN	37G21139A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 80963950390

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Renuka Ravindra Patil**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3850**
Unique Health ID (UHID)	
Beneficiary Reference ID	**68407532885150**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Vaishali Borde**
Vaccination At / लसीकरणाचे स्थळ	**Ambika Nagar UHC (Covaxin), Aurangabad , 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	11 Jan 2022	COVAXIN	37M21055A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	08 Feb 2022	COVAXIN	37M21047A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 97279505748

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vedant Shitole**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0395**
Unique Health ID (UHID)	
Beneficiary Reference ID	**24206546386230**
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 क्रमाक	**1/2**	**2/2**
Date of Dose / डोसची तारीख	**04 Jan 2022**	**04 Feb 2022**
Batch Number / बॅच क्रमाक	**37121045A**	**37H21127A**
Vaccinated By / याच्याद्वारे लसीकरण	**Priti Sharma**	
Vaccination At / लसीकरणाचे स्थळ	**PCMC Eye Hospital Masulkar, Pune, Maharashtra**	

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Certificate ID 57093111308

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sanjeevani Khatake**
Age / वय	**17**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1111**
Unique Health ID (UHID)	
Beneficiary Reference ID	**33912126578760**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SUSHMA AIGHOLE**
Vaccination At / लसीकरणाचे स्थळ	**District Hospital Aundh, Pune, 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	15 Jan 2022	COVAXIN	37621067A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	26 Mar 2022	COVAXIN	37G21139A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 57179366517

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shravani Wadekar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2882**
Unique Health ID (UHID)	
Beneficiary Reference ID	**13961847053300**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Anjali Panchal**
Vaccination At / लसीकरणाचे स्थळ	**KOHINOOR PUB PARKING (DRIVE), Mumbai, 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	17 Jan 2022	COVAXIN	37M21052A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	14 Feb 2022	COVAXIN	C10/21007	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 10596875955

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	**Akansha Munna Prasad Chauhan**
Age / उम्र	**19**
Gender / लिंग	**Female**
ID Verified / पहचान पत्र सत्यापित	**Aadhaar # XXXXXXXX1556**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21365529979932**
Vaccination Status / टीकाकरण की स्थिति	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name / वैक्सीन का नाम	**COVISHIELD**	
Vaccine Type / टीका का प्रकार	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer / उत्पादक	**Serum Institute of India Pvt. Ltd.**	
Dose Number / खुराक की संख्या	**1/2**	**2/2**
Date of Dose / खुराक की तारीख	**13 Sep 2021**	**12 Jan 2022**
Batch Number / बैच संख्या	**4121MC078**	**4121MF044**
Vaccinated By / टीका लगाने वाले का नाम	**HEMANT MAHAWAR**	
Vaccination At / टीकाकरण का स्थान	**Allen Sangyan Above 18, Kota, Rajasthan**	

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Certificate ID 45646430798

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Brijesh Balanarsaiah Kudikyala**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0059**
Unique Health ID (UHID)	**33-1331-0645-7757**
Beneficiary Reference ID	**28125300924600**
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	**08 Jan 2022**	**09 Feb 2022**
Batch Number / बॅच क्रमांक	**37/G21021A**	**C10/21007**
Vaccinated By / यांच्याद्वारे लसीकरण	**Saima Shaik**	
Vaccination At / लसीकरणाचे स्थळ	**Somaiya Jumbo Centre Sion, Mumbai, Maharashtra**	

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Certificate ID 40830580681

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vrushali Pandharinath Gangurde**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8814**
Unique Health ID (UHID)	
Beneficiary Reference ID	**54861116176810**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**07 Jan 2022**
Batch Number / बॅच क्रमांक	**37H21104A**
Next Due Date / पुढील देय तारीख	**Between 04 Feb 2022 and 18 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**INDU GAVHALE**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Sangavi Hosp P A Holkar, Pune, Maharashtra**

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Certificate ID 96154800133

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swapnil Shitole**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0912**
Unique Health ID (UHID)	
Beneficiary Reference ID	**26407431946670**
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	**08 Jan 2022**	**02 Mar 2022**
Batch Number / बॅच क्रमांक	**37121045A**	**37M22011A**
Vaccinated By / यांच्याद्वारे लसीकरण	**KAVITA SHIRSAT**	
Vaccination At / लसीकरणाचे स्थळ	**PCMC NEW JIJAMATA HOSPITAL...., Pune, Maharashtra**	

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Certificate ID 12641337338

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Malika Pradip Lokhande**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1396**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21366819835453**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2022-01-03**
Batch Number / बॅच क्रमांक	**37G21064A**
Next Due Date / पुढील देय तारीख	**Between 31 Jan 2022 and 14 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**Ajesh Solankiya**
Vaccination At / लसीकरणाचे स्थळ	**Dhamangaongadi (18 To 44), Amravati, Maharashtra**

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Certificate ID 13531936547

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mayuresh Sanjay Bagade**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0323**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21371543041292**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Najofar Mujavar**
Vaccination At / लसीकरणाचे स्थळ	**Shahapur UHC, Kolhapur, 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	12 Jul 2021	COVISHIELD	4121Z066	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	05 Oct 2021	COVISHIELD	4121MC056	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

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Certificate ID 85257468555

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shraddha Sanjay Sapkale**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9254**
Unique Health ID (UHID)	
Beneficiary Reference ID	**82237438746130**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**20 Jan 2022**
Batch Number / बॅच क्रमांक	**37H21127A**
Next Due Date / पुढील देय तारीख	**Between 17 Feb 2022 and 03 Mar 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**Dr Nilima Inamdar**
Vaccination At / लसीकरणाचे स्थळ	**RurG /HAV / PHC Perane, Pune, Maharashtra**

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Certificate ID 58838579850

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pallavi Prasad More**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5444**
Unique Health ID (UHID)	**12-1653-6268-8746**
Beneficiary Reference ID	**43578240445310**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Satsanga Gaikwad**
Vaccination At / लसीकरणाचे स्थळ	**NUHM Barshi BA, Solapur, 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	27 Jun 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	20 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sumati Rajesh Kolhe**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0280**
Unique Health ID (UHID)	
Beneficiary Reference ID	**22566619057530**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**26 Jun 2021 (Batch no. 4121Z079)**
Next due date / पुढील देय तारीख	**Between 18 Sep 2021 and 16 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Jyoti Ghene**
Vaccination at / लसीकरणाचे स्थळ	**JangamwadiUHC Covaxin-1 18to44, Nanded, Maharashtra**

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Certificate ID 74616532955

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ayushi Patil**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0895**
Unique Health ID (UHID)	
Beneficiary Reference ID	**24945111877570**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Asha Sardar**
Vaccination At / लसीकरणाचे स्थळ	**MC P 2 Dr. Dande Hospital, Nagpur, 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	04 Jun 2021	COVISHIELD	4121Z085	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	20 Sep 2021	COVISHIELD	4121MC078	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	25 Dec 2022	COVISHIELD	4122Z033	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 71310154217

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Harshal Anil Chavan**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0469**
Unique Health ID (UHID)	
Beneficiary Reference ID	**15429645743180**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**PRADNYA KASHID**
Vaccination At / लसीकरणाचे स्थळ	**PHC Shirwal Covi, Satara, 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	01 Jul 2021	COVAXIN	37I21004A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	31 Jul 2021	COVAXIN	37I21016A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	18 Jul 2022	COVAXIN	37H21127A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 62763195260

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Sunil Hande**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8844**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363438292644**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SWATI BHANGE**
Vaccination At / लसीकरणाचे स्थळ	**PMC G12 JIJAU VIRANGULA KENDRA, Pune, 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 Sep 2021	COVISHIELD	4121AA019M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	20 Dec 2021	COVISHIELD	4121MF031	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 50419793044

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Jui Deshpande**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9680**
Unique Health ID (UHID)	
Beneficiary Reference ID	**92933377193860**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**POONAM CHOUNDE**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Nilu Phule Natyagruh PCMC, Pune, 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	11 Jan 2022	COVISHIELD	4121MF033	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	19 Apr 2022	COVISHIELD	4121MC169	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 54987901867

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Samarth Tanaji Bastewad**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0897**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21368182360102**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sheetal Bondge**
Vaccination At / लसीकरणाचे स्थळ	**Umarkhed Rural Hospital, Yavatmal, 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 Jun 2021	COVISHIELD	4121MC003	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	23 Sep 2021	COVISHIELD	4121AA019M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 11663654884

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaidehi Atul Mohod**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2038**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21372204380202**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Savitri Nagargonje**
Vaccination At / लसीकरणाचे स्थळ	**DHW AKOLA (Lady Harding), Akola, 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	01 Nov 2021	COVISHIELD	4121MF017	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	28 Jan 2022	COVISHIELD	4121AA060M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 16623535288

Beneficiary Details

Beneficiary Name	**Khan Irum Afzal**
Age	**19**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX3343**
Unique Health ID (UHID)	
Beneficiary Reference ID	**75277028735890**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Dhanshri K Kambli**
Vaccination At	**R K Mission Khotwadi HP P 98**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	03 Jul 2021	COVISHIELD	4121Z100	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	14 Oct 2021	COVISHIELD	4121mc109	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- Prime Minister Narendra Modi

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Certificate ID 25048361228

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sharvari Patil**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8452**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21366264802225**
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	**15 Sep 2021**	**09 Dec 2021**
Batch Number / बॅच क्रमांक	**4121MC078**	**4121AA056M**
Vaccinated By / यांच्याद्वारे लसीकरण	**Rani Bhuja bai**	
Vaccination At / लसीकरणाचे स्थळ	**MC G Gajanan Mandir Samaj Bhav, Nagpur, Maharashtra**	

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- पंतप्रधान श्री. नरेंद्र मोदी

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Certificate ID 28734281869

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Borawake Arya**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7999**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363531418442**
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	**05 Jan 2022**	**02 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21015A**	**3H21127A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Women Hospital Baramati**	
Vaccination At / लसीकरणाचे स्थळ	**BMT/RR/RurG/BMT/WOMEN HOSPITAL, Pune, Maharashtra**	

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Certificate ID 16555232850

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Satish Narayan Sontakke**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3084**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21385944920463**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Smt. Thombre**
Vaccination At / लसीकरणाचे स्थळ	**Waghala PHC COVAXIN, Parbhani, 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	04 Jan 2022	COVAXIN	c5/21043	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	18 Aug 2022	COVAXIN	37I21035A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID **55686230494**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aarti Atmaram Darade**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0304**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363437350505**
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	**2021-06-28**	**2021-10-07**
Batch Number / बॅच क्रमांक	**4121MC013**	**4121MC095**
Vaccinated By / यांच्याद्वारे लसीकरण	**Rajani Bala**	
Vaccination At / लसीकरणाचे स्थळ	**RurG/MAV/PHC TalegaonDa/CRPF, Pune, Maharashtra**	

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Certificate ID 61342157710

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Janhavi Sanjay Ingle**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3202**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21364236218287**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Savitri Nagargonje**
Vaccination At / लसीकरणाचे स्थळ	**DHW AKOLA (Lady Harding), Akola, 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	05 Jan 2022	COVISHIELD	4121AA060M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	09 Apr 2022	COVISHIELD	4121MC151	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- पंतप्रधान

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Certificate ID 31801868361

Beneficiary Details

Beneficiary Name	**Souhardya Amlan Saha**
Age	**19**
Gender	**Male**
ID Verified	**Aadhaar # XXXXXXXX4605**
Unique Health ID (UHID)	**16-1523-4438-2115**
Beneficiary Reference ID	**88801441310400**
Vaccination Status	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccine Name	**COVISHIELD**		
Vaccine Type	**COVID-19 vaccine, non-replicating viral vector**		
Manufacturer	**Serum Institute of India Pvt. Ltd.**		
Dose Number	**1/2**	**2/2**	**Precaution dose**
Date of Dose	**12 Jun 2021**	**04 Sep 2021**	**21 May 2022**
Batch Number	**4121Z094**	**4121Z110**	**4121MC169**
Vaccinated By	**Sheetal Kharchane**		
Vaccination At	**PCMC New Life Child Care Hosp**		

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- Prime Minister Narendra Modi

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Thorat**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0645**
Unique Health ID (UHID)	
Beneficiary Reference ID	**30139638955110**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**A N Patan**
Vaccination At / लसीकरणाचे स्थळ	**Sub District Hospital Karmala, Solapur, 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	23 Jun 2021	COVISHIELD	4121MC008	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	18 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	19 Oct 2022	CORBEVAX	223204121A	COVID-19 vaccine, virus protein subunit	Biological E. Limited

औषध सुद्धा आणि शिस्त सुद्धा

Together, India will defeat COVID-19"

- पंतप्रधान

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

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Certificate for COVID-19 Vaccination

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Certificate ID 71551369158

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Riya Shailesh Singh**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0555**
Unique Health ID (UHID)	
Beneficiary Reference ID	**75435175519830**
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	**19 Mar 2022**	**22 Jun 2022**
Batch Number / बॅच क्रमांक	**37M22009A**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Savita Bagul**	
Vaccination At / लसीकरणाचे स्थळ	**RH Boisar, Palghar, Maharashtra**	

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vallabh Santosh Kasar**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2197**
Unique Health ID (UHID)	
Beneficiary Reference ID	**89168911728090**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**20 Aug 2021 (Batch no. 37121012A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**17 Sep 2021 (Batch no. 37121012A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**RESHMA**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Columbia Asia Hosp Pvt, Pune, Maharashtra**

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sahil Vinod Velapurkar**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8438**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363400456251**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**26 Jun 2021 (Batch no. 4121MC001)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**23 Sep 2021 (Batch no. 4121MC080)**
Vaccinated by / यांच्याद्वारे लसीकरण	**shaila phad**
Vaccination at / लसीकरणाचे स्थळ	**RurG/HAV/PHCPerne/ LONIKAND SC, Pune, Mahara**

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Certificate ID 18795422656

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Siya Rakesh Thakkar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Passport # W7013210**
Unique Health ID (UHID)	
Beneficiary Reference ID	**88838647957270**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Aarti Mahale**
Vaccination At / लसीकरणाचे स्थळ	**TMC Drive-In 3 And 4 Wheeler, Thane, 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	21 Sep 2021	COVISHIELD	4121AA017M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	30 Jan 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

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Certificate ID 95500201018

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	**Bangar Ashwini Sunil**
Age / ವಯಸ್ಸು	**19**
Gender / ಲಿಂಗ	**Female**
ID Verified / ಐ.ಡಿ. ಗುರುತು	**Aadhaar # XXXXXXXX0022**
Unique Health ID (UHID)	
Beneficiary Reference ID	**46244674160880**
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	**COVISHIELD**	
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer / ತಯಾರಕರು	**Serum Institute of India Pvt. Ltd.**	
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	**1/2**	**2/2**
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	**09 Aug 2021**	**06 Nov 2021**
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	**4121MC048**	**4121AA035M**
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	**Nirmala H**	
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	**46 EZBL MR Palya, BBMP, Karnataka**	

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

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

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Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 98030416697

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sai Bhangare**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1885**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391295373165**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Jaymala Shinde**
Vaccination At / लसीकरणाचे स्थळ	**Mahatmaphule UHC(18 To45 Year), Ahmednagar, 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	31 Jul 2021	COVAXIN	37I21016A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	04 Sep 2021	COVAXIN	37I21030A	COVID-19 vaccine, inactivated virus	Bharat Biotech

औषध सुद्धा आणि शिस्त सुद्धा

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- पंतप्रधान

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Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Khedekar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2866**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21367300067656**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**28 Jul 2021 (Batch no. 37h21025A)**
Next due date / पुढील देय तारीख	**Between 25 Aug 2021 and 08 Sep 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Kadam Swati**
Vaccination at / लसीकरणाचे स्थळ	**Deolgaon Mahi RH Campus, Buldhana, Maharashtra**

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Certificate for COVID-19 Vaccination

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Certificate ID 64178256508

Beneficiary Details

Beneficiary Name	**Nivedi Ashish Ajmera**
Age	**18**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX9104**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363982585709**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name	**COVAXIN**	
Vaccine Type	**COVID-19 vaccine, inactivated virus**	
Manufacturer	**Bharat Biotech, India**	
Dose Number	**1/2**	**2/2**
Date of Dose	**06 Jan 2022**	**06 Feb 2022**
Batch Number	**37H21104A**	**37G21079A**
Vaccinated By	**AATISH G SAYLE**	
Vaccination At	**PMC P 4 Morya Multispe Hospi**	

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- Prime Minister Narendra Modi

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

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Certificate for COVID-19 Vaccination

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Certificate ID 77879308012

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Nidhi Dnyaneshwar Tamanekar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9527**
Unique Health ID (UHID)	**72-1744-2772-0228**
Beneficiary Reference ID	**52692836490160**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**S D Devulkar**
Vaccination At / लसीकरणाचे स्थळ	**Sawanthwadi SDH, Sindhudurg, 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	06 Aug 2021	COVAXIN	37F21093A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	23 Sep 2021	COVAXIN	37F21138A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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- पंतप्रधान

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Certificate ID 16972567128

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Bhakti Balasaheb Bhoskar
Age / वय	17
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7255
Unique Health ID (UHID)	
Beneficiary Reference ID	20698649173480
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	05 Jan 2022	11 Feb 2022
Batch Number / बॅच क्रमांक	37M21015A	37G21136A
Vaccinated By / यांच्याद्वारे लसीकरण	saravani laisar	
Vaccination At / लसीकरणाचे स्थळ	PCMC Ankushrao Landge Natyagru, Pune, Maharashtra	

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Certificate ID 11137365374

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kalyani Sanjay Bhakare**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4189**
Unique Health ID (UHID)	**24-1080-5165-5010**
Beneficiary Reference ID	**63992119946140**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**IMA Akola**
Vaccination At / लसीकरणाचे स्थळ	**I.M.A. Akola, Akola, 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	01 Jun 2021	COVISHIELD	4121Z085	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	16 Sep 2021	COVISHIELD	4121Z202	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 69885246058

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Surbhi Suyash Mete**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3210**
Unique Health ID (UHID)	
Beneficiary Reference ID	**43129391029880**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**DR LOKHANDE**
Vaccination At / लसीकरणाचे स्थळ	**RURAL/HAV/WAGHOLI 21, Pune, 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	04 Aug 2021	COVISHIELD	4121Z112	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	16 Nov 2021	COVISHIELD	4121MF005	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 89719752143

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shreya Mahajan**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2134**
Unique Health ID (UHID)	
Beneficiary Reference ID	**52779763385510**
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	**04 Jan 2022**	**03 Feb 2022**
Batch Number / बॅच क्रमांक	**37M21013A**	**37H21127A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Meera Sister**	
Vaccination At / लसीकरणाचे स्थळ	**PCMC New Thergaon Hospital, Pune, Maharashtra**	

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Certificate ID 93667578674

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sampada Arun Shetye**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8505**
Unique Health ID (UHID)	
Beneficiary Reference ID	**86582621042890**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Charusheela More**
Vaccination At / लसीकरणाचे स्थळ	**KEM Hospital 1, Mumbai, 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	28 Sep 2021	COVISHIELD	4121AA017M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	24 Dec 2021	COVISHIELD	4121AA054M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 92070072861

Beneficiary Details

Beneficiary Name	**Spandan Amit Shah**
Age	**19**
Gender	**Male**
ID Verified	**Aadhaar # XXXXXXXX2970**
Unique Health ID (UHID)	
Beneficiary Reference ID	**61757414429490**
Vaccination Status	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By	**Poonam Oval**
Vaccination At	**PMC G12 Jayabai Sutar Ho**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	10 Jun 2021	COVAXIN	37F21054A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	22 Jul 2021	COVAXIN	37H21013A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	08 Aug 2022	COVAXIN	37M22026A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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- Prime Minister Narendra Modi

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Certificate ID 52390541055

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Arun Torad**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2189**
Unique Health ID (UHID)	
Beneficiary Reference ID	**77106438576110**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Rupali Gaikwad**
Vaccination At / लसीकरणाचे स्थळ	**NUHM Barshi BA, Solapur, 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	**23 Aug 2021**	**COVISHIELD**	**4121MC066**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**13 Jan 2022**	**COVISHIELD**	**4121MF042**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pradnya Mahendra Chandhere**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3173**
Unique Health ID (UHID)	
Beneficiary Reference ID	**82248334583400**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**04 Jun 2021 (Batch no. 4121Z090)**
Next due date / पुढील देय तारीख	**Between 27 Aug 2021 and 24 Sep 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Shruti Bhosle**
Vaccination at / लसीकरणाचे स्थळ	**KAMLA NEHRU HOSPITAL WORK, Pune, Maharashtra**

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Certificate ID 10729991232

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shridhar Shivaji Pandav**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4450**
Unique Health ID (UHID)	**21-2687-4720-5472**
Beneficiary Reference ID	**21371798077968**
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	**25 Sep 2021**	**02 Feb 2022**
Batch Number / बॅच क्रमांक	**4121MC056**	**4121MF041**
Vaccinated By / यांच्याद्वारे लसीकरण	**chaaya chille**	
Vaccination At / लसीकरणाचे स्थळ	**CPR Medical College MC, Kolhapur, Maharashtra**	

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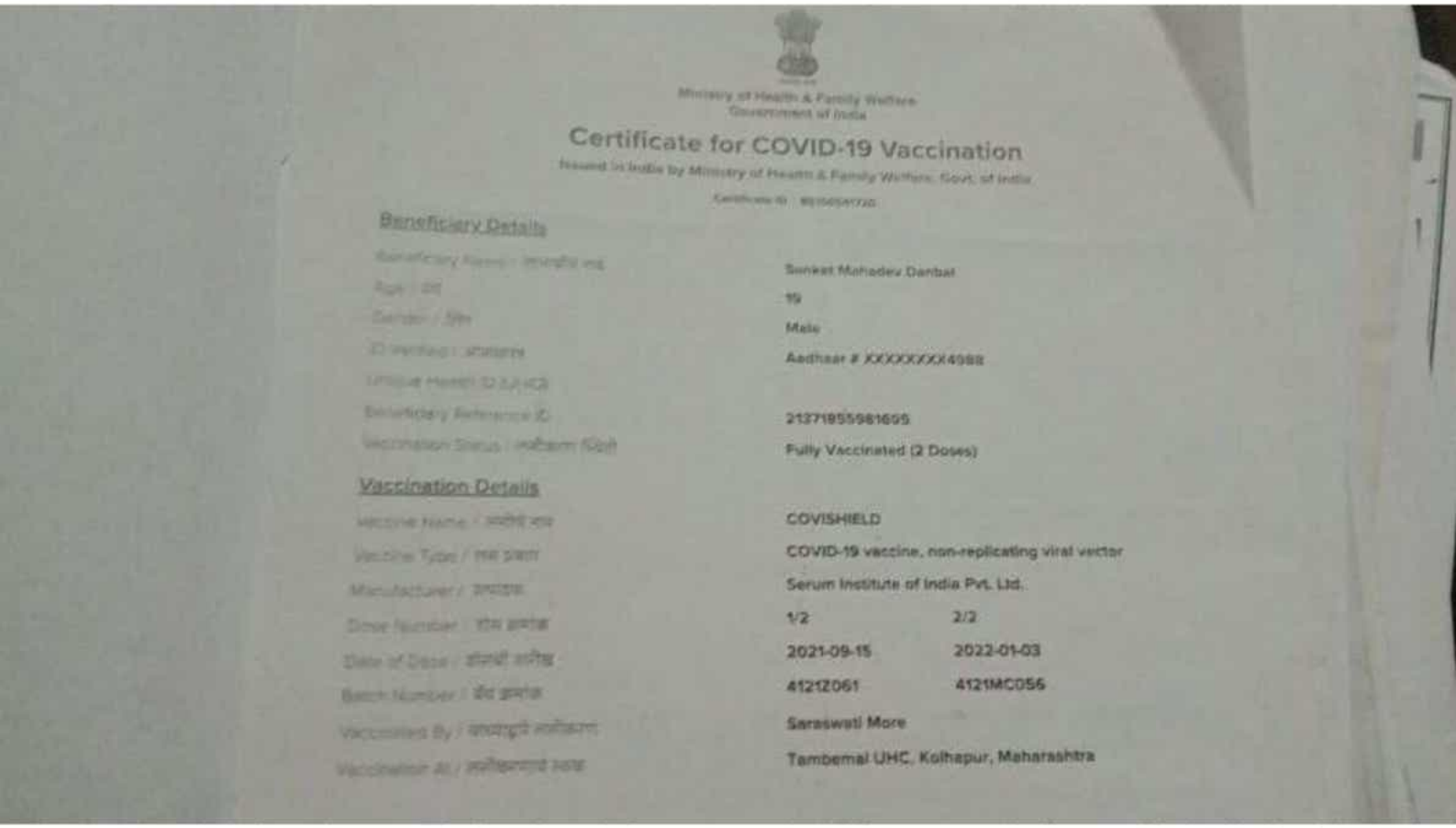

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Beneficiary Details

Beneficiary Name / लाभार्थी का	Sanket Mahadev Danbal
Age / आयु	19
Gender / लिंग	Male
ID Verified / सत्यापित	Aadhaar # XXXXXXXX4988
Unique Health ID (UHID)	
Beneficiary Reference ID	21371955981695
Vaccination Status / वैक्सीनेशन स्थिति	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / वैक्सीन का	COVISHIELD	
Vaccine Type / वैक्सीन प्रकार	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.	
Dose Number / डोज़ क्रमांक	1/2	2/2
Date of Dose / डोज़ की तारीख	2021-09-15	2022-01-03
Batch Number / बैच क्रमांक	4121Z061	4121MC056
Vaccinated By / वैक्सीनेटर का नाम	Saraswati More	
Vaccination At / वैक्सीनेशन स्थान	Tambemal UHC, Kolhapur, Maharashtra	

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pranita Vijayprakash Kamble**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1973**
Unique Health ID (UHID)	**78-0202-2871-8370**
Beneficiary Reference ID	**10422348848020**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**03 Jul 2021 (Batch no. 4121Z104)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Oct 2021 (Batch no. 4121MC094)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Anita Kokate**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Bopkhel PCMC School, Pune, Maharashtra**

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Certificate ID 12010073924

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Harshal Dattatray Mand**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3317**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21371711996664**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Priyanka Ramvanshi**
Vaccination At / लसीकरणाचे स्थळ	**Sadar Bazar No.9 UHC 1 KMC, Kolhapur, 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	03 Jan 2022	COVAXIN	37M21019A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	29 Mar 2022	COVAXIN	C10/22004	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 67852665117

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Samidha Sanjay Umale**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7385**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21367239631686**
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	**2021-11-05**	**2022-01-05**
Batch Number / बॅच क्रमांक	**37H21084A**	**37M21043A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Abha Jadhav**	
Vaccination At / लसीकरणाचे स्थळ	**Bhartiya Hosp Yuva (15 To 18), Akola, 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

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Certificate ID 94638886819

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rushikesh Milind Daunde**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9079**
Unique Health ID (UHID)	
Beneficiary Reference ID	**98953324916560**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**NILAM VENDE**
Vaccination At / लसीकरणाचे स्थळ	**CIVIL HOSPITAL THANE MAIN, Thane, 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	02 Dec 2021	COVAXIN	37H21107A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	03 Jan 2022	COVAXIN	37I21050A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

औषध सुद्धा आणि शिस्त सुद्धा

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Karuna Vijaykumar Gaikwad**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8367**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21376539516772**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**21 Aug 2021 (Batch no. 4121MC056)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**15 Nov 2021 (Batch no. 4121MF010)**
Vaccinated by / यांच्याद्वारे लसीकरण	**S V Gaikwad**
Vaccination at / लसीकरणाचे स्थळ	**RH PATAN, Satara, Maharashtra**

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1507531

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Ravindra Bhosale**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8782**
Unique Health ID (UHID)	**61-5835-5813-7353**
Beneficiary Reference ID	**98498723034950**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**08 May 2021 (Batch no. 37F21040A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**17 Jun 2021 (Batch no. 37F21059A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**SANDIP SABALE**
Vaccination at / लसीकरणाचे स्थळ	**KARJAT SDH2, Ahmednagar, Maharashtra**

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Certificate ID 51924327732

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sanjana Joshi**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0206**
Unique Health ID (UHID)	
Beneficiary Reference ID	**32211044165650**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Anita Nagulkar**
Vaccination At / लसीकरणाचे स्थळ	**MC G Indira Gandhi Rugnalay(A), Nagpur, 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	17 Aug 2021	COVISHIELD	4121MC053	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	09 Nov 2021	COVISHIELD	4121Z011M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 51315846290

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mitali M. Mastud**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4865**
Unique Health ID (UHID)	
Beneficiary Reference ID	**72411710527880**
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	**13 Jan 2022**	**08 Apr 2022**
Batch Number / बॅच क्रमांक	**37G21025A**	**37H21104A**
Vaccinated By / यांच्याद्वारे लसीकरण	**S.K.Raut**	
Vaccination At / लसीकरणाचे स्थळ	**RurG/HAV/PHCKhadak/ NARHE SC, Pune, Maharashtra**	

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Certificate ID 46256133826

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pranjal Sandip Londhe**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5836**
Unique Health ID (UHID)	
Beneficiary Reference ID	**87767849053580**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SHRAVANI LALSAR**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Ankushrao Landge Natyagru, Pune, 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	25 Jan 2022	COVISHIELD	4121MF040	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	14 May 2022	COVISHIELD	4121MC169	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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

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Certificate for COVID-19 Vaccination

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Certificate ID 47093753252

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Siddhii Mokashi**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5232**
Unique Health ID (UHID)	
Beneficiary Reference ID	**46189847295960**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sujata Punekar**
Vaccination At / लसीकरणाचे स्थळ	**PMC G2 Dadasaheb Gaikwad, Pune, 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	01 Jan 2022	COVISHIELD	4121Z274	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	05 Apr 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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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
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	**Shrawani**
Age / उम्र	**18**
Gender / लिंग	**Female**
ID Verified / पहचान पत्र सत्यापित	**Aadhaar # XXXXXXXX5251**
Unique Health ID (UHID)	
Beneficiary Reference ID	**20314682704582**

Vaccination Details

Vaccine Name / वैक्सीन का नाम	**COVISHIELD**
Date of 1st Dose / पहली खुराक की तारीख	**05 May 2021 (Batch no. 4121MC045)**
Date of 2nd Dose / दूसरी खुराक की तारीख	**04 Aug 2021 (Batch no. 4121MC045)**
Vaccinated by / टीका लगाने वाले का नाम	**MH MHow WORKPLACE**
Vaccination at / टीकाकरण का स्थान	**MH MHow WORKPLACE, Indore, Madhya Pradesh**

"दवाई भी और कड़ाई भी।
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टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

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Certificate ID 48370534243

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pranjal Shrikumar Mahamuni**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7507**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363355335656**
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	**08 Jan 2022**	**22 Feb 2022**
Batch Number / बॅच क्रमांक	**37G21025A**	**37H22001A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Women Hospital Baramati**	
Vaccination At / लसीकरणाचे स्थळ	**BMT/RR/RurG/BMT/WOMEN HOSPITAL, Pune, Maharashtra**	

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Certificate ID 27748955357

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kalpak Ramchandra Kumawat**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7165**
Unique Health ID (UHID)	
Beneficiary Reference ID	**38173911825500**
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	**2021-08-03**	**2021-11-06**
Batch Number / बॅच क्रमांक	**4121MC030**	**4121MC094**
Vaccinated By / यांच्याद्वारे लसीकरण	**Jyoti Ghene**	
Vaccination At / लसीकरणाचे स्थळ	**JangamwadiUHC Covaxin-1 18to44, Nanded, Maharashtra**	

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Certificate ID 54938191095

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Varad Dadasaheb Koli**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1451**
Unique Health ID (UHID)	**52-4734-3404-6575**
Beneficiary Reference ID	**75705991357740**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Choughule**
Vaccination At / लसीकरणाचे स्थळ	**Jaysingpur PHC 1, Kolhapur, 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	13 Aug 2021	COVAXIN	37F21040A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	25 Sep 2021	COVAXIN	37F21040A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mohd Amaan Khan**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8827**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363721759488**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**03 Jul 2021 (Batch no. 4121Z100)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**15 Oct 2021 (Batch no. 4121MC087)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Shruti Rane**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Apollo Clinic Kondhwa, Pune, Maharashtra**

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Certificate ID 87271183671

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Jayashree Ramdas Yede**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6693**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363671449186**
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	**31 Dec 2021**	**03 Mar 2022**
Batch Number / बॅच क्रमांक	**4121MF042**	**4121Z112**
Vaccinated By / यांच्याद्वारे लसीकरण	**Women Hospital Baramati**	
Vaccination At / लसीकरणाचे स्थळ	**BMT/RR/RurG/BMT/WOMEN HOSPITAL, Pune, Maharashtra**	

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Certificate ID 802183678847

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swarali Raju Somawanshi**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7847**
Unique Health ID (UHID)	**74-2635-0005-2357**
Beneficiary Reference ID	**86613167443180**
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	**2021-08-26**	**2021-11-22**
Batch Number / बॅच क्रमांक	**4121MC063**	**4121MC134**
Vaccinated By / यांच्याद्वारे लसीकरण	**Shinde Supriya**	
Vaccination At / लसीकरणाचे स्थळ	**Ward 14 CVC, Latur, Maharashtra**	

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Certificate ID 32079447532

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shamali Sunil Gawande**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0925**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21364999951513**
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	**11 Jan 2022**	**02 Mar 2022**
Batch Number / बॅच क्रमांक	**37H21128A**	**37M22010A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Swati Dange**	
Vaccination At / लसीकरणाचे स्थळ	**Sindhi Camp Yuva (15 To 18 Yr), Akola, Maharashtra**	

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Certificate ID 42693241452

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gaytri Jadhav**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8980**
Unique Health ID (UHID)	
Beneficiary Reference ID	**64575896999750**
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 Pvt. Ltd.**
Dose Number / डोस क्रमांक	**1/2**
Date of Dose / डोसची तारीख	**31 Oct 2021**
Batch Number / बॅच क्रमांक	**4121MF005**
Next Due Date / पुढील देय तारीख	**Between 23 Jan 2022 and 20 Feb 2022**
Vaccinated By / यांच्याद्वारे लसीकरण	**Dr.Manish Pradhan**
Vaccination At / लसीकरणाचे स्थळ	**PMC WP Sachin Satpute Foundati, Pune, Maharashtra**

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Certificate ID 78325419359

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Dipti Gopal Rupnur**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8810**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363939050772**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**B P Pawar**
Vaccination At / लसीकरणाचे स्थळ	**Primary Health Center Mutha, Pune, 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	17 May 2021	COVAXIN	37I21005A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	22 Jun 2021	COVAXIN	37I21005A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Certificate ID : [illegible]

Beneficiary Details

Beneficiary Name / [illegible] :	Prajwal Tayade
Age / [illegible] :	20
Gender / [illegible] :	Male
ID Verified / [illegible] :	Aadhaar # XXXXXXXX6061
Unique Health ID (UHID) :	
Beneficiary Reference ID :	859048496686540
Vaccination Status / [illegible] :	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / [illegible] :	COVAXIN	
Vaccine Type / [illegible] :	COVID-19 vaccine, inactivated virus	
Manufacturer :	Bharat Biotech	
Dose Number(s) / [illegible] :	1/2	2/2
Date of Dose / [illegible] :	2021-07-03	2021-08-05
Batch Number / [illegible] :	37F21059A	37U10105A
Vaccinated By / [illegible] :	pooja suradkar	
Vaccination at / [illegible] :	S Morolia Bm 2 (18 To 44), Washim, Maharashtra	

अपना घुटा आणि विजय घुटा
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Certificate ID 71816417851

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ambika Sudhakar Sardar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8925**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21364997846597**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Smt. Ingle**
Vaccination At / लसीकरणाचे स्थळ	**Morgaon Sub Center., Akola, 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	18 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	15 Jan 2022	COVISHIELD	4121AA060M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	28 Jul 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 45203693782

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swami Vaishnavi Sharnayya**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4147**
Unique Health ID (UHID)	**56-8532-8407-4445**
Beneficiary Reference ID	**44122480056140**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Dr. Raajesh Auti**
Vaccination At / लसीकरणाचे स्थळ	**S.M.Joshi Hospital, Pune, 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	29 Sep 2021	Sputnik V	i-790421	COVID-19 vaccine, non-replicating viral vector	Dr. Reddy's Laboratories Ltd.
2/2	06 Dec 2021	Sputnik V	G2V051001	COVID-19 vaccine, non-replicating viral vector	Dr. Reddy's Laboratories Ltd.

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Certificate ID 44884444586

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rohit Namdev Lavate**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7925**
Unique Health ID (UHID)	
Beneficiary Reference ID	**47808272360620**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Dr Bhargavi Bade**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Vighanaharta Sai Hospital, Pune, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Due on 27 Apr 2024**

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	30 Mar 2024	iNCOVACC	HRJ/NS/001/23	COVID-19 vaccine, non-replicating viral vector	Bharat Biotech Pvt Ltd

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Certificate ID 74447482344

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sonwane Shivani Prakash**
Age / वय	**23**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5076**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382149790039**
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	**24 Jun 2021**	**23 Oct 2021**
Batch Number / बॅच क्रमांक	**4121Z090**	**4121MC094**
Vaccinated By / यांच्याद्वारे लसीकरण	**Pendor**	
Vaccination At / लसीकरणाचे स्थळ	**RH SDH Gokunda Covaxin Dose, Nanded, Maharashtra**	

औषध सुद्धा आणि शिस्त सुद्धा

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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
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Purva Nitinrao Naiknaware**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7514**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21384880308798**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**23 Jul 2021 (Batch no. 37F21086A)**
Next due date / पुढील देय तारीख	**Between 20 Aug 2021 and 03 Sep 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**S.B.Sonwane**
Vaccination at / लसीकरणाचे स्थळ	**Majalgaon RH Covaxin, Beed, 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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Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 33117479504

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rajlaxmi Ravsaheb Mangie**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9221**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21375899438651**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Rupali Gaikwad**
Vaccination At / लसीकरणाचे स्थळ	**NUHM Barshi BA, Solapur, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 10 Feb 2022 and 24 Feb 2022**

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	13 Jan 2022	COVAXIN	37M21055A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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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
Government of India

Certificate for COVID-19 Vaccination

Partially Vaccinated : 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akanksha Dattatray Tadole**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3375**
Unique Health ID (UHID)	**42-4884-8554-3752**
Beneficiary Reference ID	**21383483171835**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**22 Jun 2021 (Batch no. 4121Z090)**
Next due date / पुढील देय तारीख	**Between 14 Sep 2021 and 12 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**varsha Yerned**
Vaccination at / लसीकरणाचे स्थळ	**VDGIMS GMC Latur 1, Latur, Maharashtra**

औषध सुद्धा आणि शिस्त सुद्धा
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Certificate for COVID-19 Vaccination

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Certificate ID 84011648542

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Ramakant Ghodake**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7684**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21383233529948**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shital Chavan**
Vaccination At / लसीकरणाचे स्थळ	**Osmanabad District Hospital, Osmanabad, 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	02 Aug 2021	COVISHIELD	4121MC036	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	21 Jan 2022	COVISHIELD	4121MC151	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 97131702189

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Ishwar Chaudhari**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6635**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21390432953640**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Karuna Pawar**
Vaccination At / लसीकरणाचे स्थळ	**Parola Cottage Hospital, Jalgaon, 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	07 Feb 2022	COVAXIN	37G21106A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	07 May 2022	COVAXIN	37H22027A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 17503330323

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Rajesh Mohta**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0130**
Unique Health ID (UHID)	**44-1084-1106-3562**
Beneficiary Reference ID	**21363913413478**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Manisha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG super sprea maids balaj, Pune, 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	11 Apr 2021	COVISHIELD	4121Z045	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	27 Jul 2021	COVISHIELD	4121MC037	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 77049204706

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tanaya Ghorpade**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9005**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21371849119956**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Vijayalakshmi Gadayat**
Vaccination At / लसीकरणाचे स्थळ	**Gaonbhag UHC 1, Kolhapur, 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	08 Jan 2022	COVAXIN	37F21040A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	19 Apr 2022	COVAXIN	37F21040A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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- पंतप्रधान

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Certificate for COVID-19 Vaccination

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Certificate ID 38968094521

Beneficiary Details

Beneficiary Name	**Pratiksha yuvraj Narute**
Age	**18**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX3306**
Unique Health ID (UHID)	**60-8750-3873-7070**
Beneficiary Reference ID	**76638166742250**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Ashwini Bhosale**
Vaccination At	**PMC G Vir Savarkar Hall Bhus**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	28 Jul 2021	COVISHIELD	4121Z110	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	23 Oct 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- Prime Minister Narendra Modi

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Certificate ID 89148825928

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	**Eshan Kiran Mane**
Age / उम्र	**20**
Gender / लिंग	**Male**
ID Verified / पहचान पत्र सत्यापित	**PAN Card # GOIPM9945C**
Unique Health ID (UHID)	
Beneficiary Reference ID	**5797343112820**
Vaccination Status / टीकाकरण की स्थिति	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / टीका लगाने वाले का नाम	**pavan ram**
Vaccination At / टीकाकरण का स्थान	**CHC Atri Covishield, Gaya, Bihar**

Dose Number खुराक की संख्या	Date of Dose खुराक की तारीख	Vaccine Name वैक्सीन का नाम	Batch Number बैच संख्या	Vaccine Type टीका का प्रकार	Manufacturer उत्पादक
1/2	30 Jul 2021	COVISHIELD	4121AA026M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	30 Oct 2021	COVISHIELD	4121AA026M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- प्रधानमंत्री

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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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सत्यमेव जयते

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Certificate ID 29978624215

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Navnath Raut**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0630**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363866312131**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shamal Gosavi**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Moshi PCMC School, Pune, 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	24 Jun 2021	COVISHIELD	4121MC008	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	20 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

औषध सुद्धा आणि शिस्त सुद्धा
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- पंतप्रधान

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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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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Harita Mahesh Gaikwad**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3335**
Unique Health ID (UHID)	**38-6386-3070-4628**
Beneficiary Reference ID	**75804532869780**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of Dose / डोसची तारीख	**08 Jun 2021 (Batch no. 37I21004A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Miss Ukirade Sister**
Vaccination at / लसीकरणाचे स्थळ	**RH Koregaon(18 To 44 Years), Satara, Maharashtra**

औषध सुद्धा आणि शिस्त सुद्धा
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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Harita Mahesh Gaikwad**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3335**
Unique Health ID (UHID)	**38-6386-3070-4628**
Beneficiary Reference ID	**75804532869780**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of Dose / डोसची तारीख	**08 Jun 2021 (Batch no. 37I21004A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Miss Ukirade Sister**
Vaccination at / लसीकरणाचे स्थळ	**RH Koregaon(18 To 44 Years), Satara, Maharashtra**

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Certificate ID 29978624215

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Navnath Raut**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0630**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363866312131**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shamal Gosavi**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Moshi PCMC School, Pune, 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	24 Jun 2021	COVISHIELD	4121MC008	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	20 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 20169653982

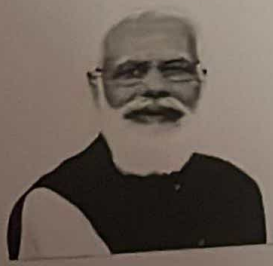
Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Ritika Pravin Jagtap
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX2835
Unique Health ID (UHID)	
Beneficiary Reference ID	21389810252033
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	Mr Sanjay Chavan
Vaccination At / लसीकरणाचे स्थळ	Trimbak SC Alvand, Nashik, 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	27 Dec 2021	COVISHIELD	4121MC143	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	23 Mar 2022	COVISHIELD	4121MC166	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



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Certificate ID 72148946320

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Soham Anant Shelke**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4823**
Unique Health ID (UHID)	
Beneficiary Reference ID	**61915193717480**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**IMA Akola**
Vaccination At / लसीकरणाचे स्थळ	**I.M.A. Akola, Akola, 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	24 Sep 2021	COVISHIELD	4121AA019M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	23 Dec 2021	COVISHIELD	4121AA058M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 13252854925

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rishita A Chikate**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5398**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21365651703847**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Manjusha Hirudkar**
Vaccination At / लसीकरणाचे स्थळ	**Hingna RH, Nagpur, 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	25 Jun 2021	COVISHIELD	4121Z068	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	17 Sep 2021	COVISHIELD	4121Z205	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 97868079619

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ayush Prasad**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3907**
Unique Health ID (UHID)	
Beneficiary Reference ID	**35747688868430**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**RAMA MHETRE**
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G7 Sakharam Kodre Ho, Pune, 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	25 Jan 2022	COVAXIN	37H21127A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	26 Feb 2022	COVAXIN	37H21134A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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COVID 19

Batch 2020-2025

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Certificate ID 73199161765

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Agre Sakshi Sanjikumar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9967**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21383363909013**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Ghule AB**
Vaccination At / लसीकरणाचे स्थळ	**Aurad Sha PHC - 1, 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	04 Jul 2021	COVAXIN	37F21059A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	09 Oct 2021	COVAXIN	37H21078A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID **39225982570**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Varun Mohan Amritsagar**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2337**
Unique Health ID (UHID)	**17-7280-2707-5313**
Beneficiary Reference ID	**13303271324040**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	29 Jul 2021	COVISHIELD	4121MC037	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	25 Oct 2021	COVISHIELD	4121MC101	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Prerna Ram Badne**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3362**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21384349288123**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**26 Jun 2021 (Batch no. 4121MC001)**
Vaccinated by / यांच्याद्वारे लसीकरण	**R.R.Yemale**
Vaccination at / लसीकरणाचे स्थळ	**Parali UPHC, Beed, Maharashtra**

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Certificate ID 59031684282

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bhikka Ssania Sanjay**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9659**
Unique Health ID (UHID)	
Beneficiary Reference ID	**38316779021870**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**RANJEET AMBASTHA**
Vaccination At / लसीकरणाचे स्थळ	**PMC WP Mobile Covid Vaccn Camp, Pune, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 01 Mar 2022 and 29 Mar 2022**

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	07 Dec 2021	COVISHIELD	4121Z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bhushan Tanaji Bhore**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3985**
Unique Health ID (UHID)	**24-5076-5042-5776**
Beneficiary Reference ID	**86756302096320**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**03 Jul 2021 (Batch no. 37I21005A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Sep 2021 (Batch no. 37F21024A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Suvarna N Patil**
Vaccination at / लसीकरणाचे स्थळ	**Gandhinagar SDH 1, Kolhapur, Maharashtra**

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Certificate ID 23019659239

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Anjali Ajit Bhosale**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0832**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21381599506958**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**RANJITA PATIL**
Vaccination At / लसीकरणाचे स्थळ	**Washi RH Covaxine, Osmanabad, 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	03 Jan 2022	COVAXIN	37M21019A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	14 Feb 2022	COVAXIN	37M21055A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 24285123267

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rounak Arbind Chaurasiya**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5066**
Unique Health ID (UHID)	**17-4511-6334-3375**
Beneficiary Reference ID	**22693969352190**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	04 Aug 2021	COVAXIN	37F21076A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	01 Nov 2021	COVAXIN	C5/21027	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 31032911643

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gayatri Dhyaneshwar Chavan**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6735**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382152312031**
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	**2021-08-28**	**2021-11-26**
Batch Number / बॅच क्रमांक	**4121P157**	**4121MC0123**
Vaccinated By / यांच्याद्वारे लसीकरण	**Gadade S H**	
Vaccination At / लसीकरणाचे स्थळ	**Niwali PHC - 1, Latur, Maharashtra**	

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Certificate ID 64026454602

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Sunil Chikundre**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9075**
Unique Health ID (UHID)	**30-7732-4838-2828**
Beneficiary Reference ID	**59137156423030**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 May 2021	COVAXIN	37F21040A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	09 Jun 2021	COVAXIN	37F21059A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 53451998963

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Bhagyashree Santosh Damale
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX5837
Unique Health ID (UHID)	
Beneficiary Reference ID	21397370175168
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	10 Oct 2021	20 Jan 2022
Batch Number / बॅच क्रमांक	4121MC106	4121AA058M
Vaccinated By / यांच्याद्वारे लसीकरण	PHC BORSAR	
Vaccination At / लसीकरणाचे स्थळ	ZP PHC Borsar (VAIJAPUR), Aurangabad , Maharashtra	

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Certificate ID 77301578938

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Muskan Ravi Dembda**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5154**
Unique Health ID (UHID)	
Beneficiary Reference ID	**19514066678170**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	28 Jun 2021	COVISHIELD	4121MC010	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	21 Oct 2021	COVISHIELD	4121MC103	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 62711454989

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**TANAYA DEORE**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Driver's License # MH14 20210005793**
Unique Health ID (UHID)	
Beneficiary Reference ID	**96485226143110**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Nanda Dake**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Indrayaninagar Krida Sank, Pune, 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	06 Jun 2021	COVISHIELD	4121Z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121Z211	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 16828240260

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rushikesh Machchindra Davkate**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6223**
Unique Health ID (UHID)	
Beneficiary Reference ID	**46774687079040**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Prajkta Pradip Ghag**
Vaccination At / लसीकरणाचे स्थळ	**Chiplun UPHC 1, Ratnagiri, 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	29 Nov 2021	COVISHIELD	4121MF017	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	03 Mar 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 82364612369

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vishakha Ramesh Doise**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1338**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21396992819779**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**sameer khande**
Vaccination At / लसीकरणाचे स्थळ	**13 Dental Hospital AMC, Amravati, 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	09 Nov 2021	COVISHIELD	4121MC118	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	05 Feb 2022	COVISHIELD	4121MF033	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 17787261005

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Simran Satish Dumale**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2881**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21397243746807**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	14 Aug 2021	COVISHIELD	4121MC053	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	08 Nov 2021	COVISHIELD	4121MC103	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

औषध सुद्धा आणि शिस्त सुद्धा
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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**

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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सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 57188077389

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aarti Funde**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1935**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391280363488**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

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**
Date of Dose / डोसची तारीख	**2021-11-15**
Batch Number / बॅच क्रमांक	**37F21147A**
Next Due Date / पुढील देय तारीख	**Between 13 Dec 2021 and 27 Dec 2021**
Vaccinated By / यांच्याद्वारे लसीकरण	**Arati Dongre**
Vaccination At / लसीकरणाचे स्थळ	**Pathardi SDH, Ahmednagar, Maharashtra**

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Certificate for COVID-19 Vaccination

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

Certificate ID 705784203361

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akanksha Gitte.**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # DCEPG7664H**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21384113678576**
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	**02 Jul 2021**	**01 Oct 2021**
Batch Number / बॅच क्रमांक	**4121P215**	**4121P215**
Vaccinated By / यांच्याद्वारे लसीकरण	**D.S.Kamble**	
Vaccination At / लसीकरणाचे स्थळ	**Natraj Rangmandir(Parali UPHC), Beed, Maharashtra**	

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Universal Pass

The Department of Disaster Management, Relief & Rehabilitation

Government of Maharashtra

SHREEYA PHALGUN GOR

Female, 18

SHREEYA P. GOR
22/07/2021

Travel Category **LEVEL 3** **VACCINATED**

You may scan the QRcode to verify this pass on DMRR Blockchain.

Beneficiary Id
11338137123810

Dose 1 Date	Dose 2 Date
25-07-2021	25-08-2021

VACCINATED
SOURCE COWIN VERIFIED

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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 95256738719

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Anushka Balasaheb Hole**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7251**
Unique Health ID (UHID)	
Beneficiary Reference ID	**76149590286420**
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	**30 Oct 2021**	**22 Jan 2022**
Batch Number / बॅच क्रमांक	**4121AA032M**	**421MF041**
Vaccinated By / यांच्याद्वारे लसीकरण	**Supriya Mirkhale**	
Vaccination At / लसीकरणाचे स्थळ	**PMC G7 PMC Sch No. 32 Hadapsar, Pune, Maharashtra**	

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Certificate for COVID-19 Vaccination

Partially Vaccinated : **1st Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Arati Sachin Jadhav**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1473**
Unique Health ID (UHID)	**11-3561-2583-8808**
Beneficiary Reference ID	**19964189644030**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**22 Sep 2021 (Batch no. 4121MC078)**
Next due date / पुढील देय तारीख	**Between 15 Dec 2021 and 12 Jan 2022**
Vaccinated by / यांच्याद्वारे लसीकरण	**Rekha More**
Vaccination at / लसीकरणाचे स्थळ	**Sadar Bazar No.9 UHC KMC, Kolhapur, Maharashtra**

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Certificate for COVID-19 Vaccination

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Certificate ID 73153337404

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ashutosh Sharad Jadhav**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8971**
Unique Health ID (UHID)	**42-6026-7062-8158**
Beneficiary Reference ID	**68125777864150**
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	**13 Sep 2021**	**23 Nov 2021**
Batch Number / बॅच क्रमांक	**37F21077A**	**37I21015A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Sheetal**	
Vaccination At / लसीकरणाचे स्थळ	**BREACH CANDY HOSPITAL 1, Mumbai, Maharashtra**	

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Certificate for COVID-19 Vaccination

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Certificate ID 56785987224

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swapnali Sanjay Jadhav**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6844**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21381135266849**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Smt S M Shinde**
Vaccination At / लसीकरणाचे स्थळ	**Sastur RH Covaxine, Osmanabad, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 19 Dec 2021 and 02 Jan 2022**

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	**21 Nov 2021**	**COVAXIN**	**37G21014A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**

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Certificate ID 47834719177

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Yuthika Deepak Jain**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5947**
Unique Health ID (UHID)	
Beneficiary Reference ID	**49257809129420**
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	**26 Aug 2021**	**01 Feb 2022**
Batch Number / बॅच क्रमांक	**4121MC063**	**4121MC169**
Vaccinated By / यांच्याद्वारे लसीकरण	**Rekha Sadanande**	
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G4 Dhayri Grampancha, Pune, Maharashtra**	

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Jawale Prajakta Suresh**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2157**
Unique Health ID (UHID)	**45-5037-1044-4381**
Beneficiary Reference ID	**68499673323290**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**07 Jul 2021 (Batch no. 37H21014A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Aug 2021 (Batch no. 37I21016A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Bhalekar Swati**
Vaccination at / लसीकरणाचे स्थळ	**TAKALI DHOKESHWAR RH 1, Ahmednagar, Maharashtra**

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Universal Pass

The Department of Disaster Management, Relief & Rehabilitation

Government of Maharashtra

Sayali Sarang Joshi

Female, 19

Travel Category **LEVEL 3** **VACCINATED**

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Beneficiary Id
21397588964476

Dose 1 Date	Dose 2 Date
27-04-2021	22-07-2021

VACCINATED
SOURCE COWIN VERIFIED

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Certificate ID 85586973804

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Radhika Hanmant Kakade**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0276**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21383729659793**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	23 Sep 2021	COVISHIELD	4131AA017M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	05 Jan 2022	COVISHIELD	4121Z256	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

औषध सुद्धा आणि शिस्त सुद्धा

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- पंतप्रधान

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सत्यमेव जयते

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Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 68446607126

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shruti S Kale**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0926**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391540028976**
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	**2021-08-05**	**2021-11-24**
Batch Number / बॅच क्रमांक	**4121MF026**	**4121MF026**
Vaccinated By / यांच्याद्वारे लसीकरण	**S K Harde**	
Vaccination At / लसीकरणाचे स्थळ	**Nagar-PHC Walki-Khadki SC, Ahmednagar, Maharashtra**	

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Certificate ID 95811892944

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Priyanka Kanade**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4148**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21389498376579**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**krutika shinde**
Vaccination At / लसीकरणाचे स्थळ	**NMC Ambad UPHC, Nashik, 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	18 Nov 2021	COVISHIELD	4121mf010	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	05 Mar 2022	COVISHIELD	4121MC143	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 15089343609

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tanvi Ramesh Kate**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4041**
Unique Health ID (UHID)	**51-5464-6557-5686**
Beneficiary Reference ID	**24353709023730**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**RESHMA DEVATE**
Vaccination At / लसीकरणाचे स्थळ	**PMC G GANGUBAI DHUMAL Virangul, Pune, 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	03 Sep 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	02 Dec 2021	COVISHIELD	4121MF027	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थ्याचे नाव	Rutika Ramdas Kubde
Age / वय	21
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7579
Unique Health ID (UHID)	17-4302-4364-3475
Beneficiary Reference ID	80353242593600

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1st Dose / पहिल्या डोसची तारीख	21 Jun 2021 (Batch no. 41212077)
Date of 2nd Dose / दुसऱ्या डोसची तारीख	15 Sep 2021 (Batch no. 4121P154)
Vaccinated by / यांच्याद्वारे लसीकरण	Lini K
Vaccination at / लसीकरणाचे स्थळ	Oscar Hospital Kandiwali, Mumbai, Maharashtra

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Srushti Rajaram Kumbhar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2845**
Unique Health ID (UHID)	**77-6625-1621-2151**
Beneficiary Reference ID	**29732942515520**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**25 Jun 2021 (Batch no. 4121Z109)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**27 Sep 2021 (Batch no. 4121Z002M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Priya Bhure**
Vaccination at / लसीकरणाचे स्थळ	**Parivar MCGM OFFICE KANJURMARG, Mumbai, Maharashtra**

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Certificate ID 54774154551

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Nikita Kusumbe**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9458**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21367275662021**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**punam a ubarhande**
Vaccination At / लसीकरणाचे स्थळ	**Warwand PHC (Sav SC), Buldhana, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 02 Feb 2022 and 02 Mar 2022**

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	10 Nov 2021	COVISHIELD	4121AA029M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID **89538314635**

Beneficiary Details

Beneficiary Name	**Sunetra Vidhyadhar Mahadeswar**
Age	**19**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX0159**
Unique Health ID (UHID)	**13-8185-2211-4164**
Beneficiary Reference ID	**93757380389310**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name	**COVISHIELD**	
Vaccine Type	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer	**Serum Institute of India**	
Dose Number	**1/2**	**2/2**
Date of Dose	**12 Jun 2021**	**20 Sep 2021**
Batch Number	**4121Z077**	**4121AA017M**
Vaccinated By	**CHITRA JAKHERE**	
Vaccination At	**NMMC Karave UPHC**	

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Certificate ID 29954687504

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mahale Harshali Vijay**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9307**
Unique Health ID (UHID)	
Beneficiary Reference ID	**58789468661620**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**MRS. SHITAL DESAI**
Vaccination At / लसीकरणाचे स्थळ	**PMC WP Pvsvsp Kondhwa Bk, Pune, 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	30 Sep 2021	COVISHIELD	4121MC088	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	06 Jan 2022	COVISHIELD	4121P242	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 76631342450

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Shivani Vilas mali
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX6100
Unique Health ID (UHID)	64-7811-6615-0522
Beneficiary Reference ID	14361201872980
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD	
Vaccine Type / लस प्रकार	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.	
Dose Number / डोस क्रमांक	1/2	2/2
Date of Dose / डोसची तारीख	2021-07-21	2021-10-16
Batch Number / बॅच क्रमांक	4121Z112	4121MF004
Vaccinated By / यांच्याद्वारे लसीकरण	Vaishali Shinde	
Vaccination At / लसीकरणाचे स्थळ	RH VADUJ, Satara, Maharashtra	

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Certificate ID 76452907031

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Gulshan Malusare**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7323**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21392141055625**
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	**14 Nov 2021**	**19 Feb 2022**
Batch Number / बॅच क्रमांक	**4121MC123**	**4121MF041**
Vaccinated By / यांच्याद्वारे लसीकरण	**Poonam Mane**	
Vaccination At / लसीकरणाचे स्थळ	**NMMC General Hospital Airoli 1, Thane, Maharashtra**	

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Certificate ID 60829527472

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Maske Shraddha Keshav**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0192**
Unique Health ID (UHID)	
Beneficiary Reference ID	**63435096881940**
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	**30 Oct 2021**	**11 Feb 2022**
Batch Number / बॅच क्रमांक	**4121AA029M**	**4121MC134**
Vaccinated By / यांच्याद्वारे लसीकरण	**Nishikant patil**	
Vaccination At / लसीकरणाचे स्थळ	**PHC Yedshi, Osmanabad, Maharashtra**	

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**DIPTI SETHURAMAN NAICKER**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8492**
Unique Health ID (UHID)	**77-3055-8064-1232**
Beneficiary Reference ID	**44492609400640**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**30 Jul 2021 (Batch no. 4121Z110)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Nov 2021 (Batch no. 4121MC119)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Shubhangi Dhavale**
Vaccination at / लसीकरणाचे स्थळ	**TATA MEMORIAL HOSPITAL PAREL, Mumbai, Maharashtra**

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

Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name	**Astha Swapnil Naik**
Age	**19**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX5786**
Unique Health ID (UHID)	
Beneficiary Reference ID	**86318503035760**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**08 Jun 2021 (Batch no. 4121Z077)**
Date of 2nd Dose	**14 Sep 2021 (Batch no. 4121AA014M)**
Vaccinated by	**Daymanti**
Vaccination at	**Mico School**

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- Prime Minister Narendra Modi

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Certificate for COVID-19 Vaccination

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Certificate ID 30364690071

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pooja Vilas Mupade**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4142**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382407893259**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Rahul Gotlawar**
Vaccination At / लसीकरणाचे स्थळ	**RH SDH Mukhed Covaxin, Nanded, 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	26 Oct 2021	COVAXIN	37F21125A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	31 Dec 2021	COVAXIN	37M21019A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
Precaution dose	18 Aug 2022	COVAXIN	37M22022A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate for COVID-19 Vaccination

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Certificate ID 37181072322

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gauri Madhukar Nagre**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7175**
Unique Health ID (UHID)	**62-0405-5021-3772**
Beneficiary Reference ID	**10549771869940**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / याच्याद्वारे लसीकरण	**Punam Guraldha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	06 Jul 2021	COVAXIN	3711013A	COVID-19 vaccine, Inactivated virus	Bharat Biotech
2/2	18 Aug 2021	COVAXIN	3711034A	COVID-19 vaccine, Inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	3711220864	COVID-19 vaccine, Inactivated virus	Bharat Biotech, India

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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Partially Vaccinated : **1st Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bhavya Anilkumar Nahata**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6974**
Unique Health ID (UHID)	**51-5567-0830-0578**
Beneficiary Reference ID	**66356820606310**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**23 Oct 2021 (Batch no. 37121035A)**
Next due date / पुढील देय तारीख	**Between 20 Nov 2021 and 04 Dec 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**KAVITA TELANG**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Galande Hospital NagarRd, Pune, Maharashtra**

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Certificate ID 89266456256

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Soumya Suneel Nair**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9142**
Unique Health ID (UHID)	
Beneficiary Reference ID	**46244644062200**
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	**25 Jun 2021**	**25 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z100**	**4121Z110**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Certificate ID 66858906824

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Narayan Nakve**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9473**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21603614352220**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	17 Jul 2021	COVISHIELD	4121Z126	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121AA01M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sanika Nandanwar**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2151**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21365420170478**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**14 Sep 2021 (Batch no. 37F21125A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**14 Oct 2021 (Batch no. 37F21135A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Kiran Peshkar**
Vaccination at / लसीकरणाचे स्थळ	**MC G Mahal Diagnostic Center A, Nagpur, Maharashtra**

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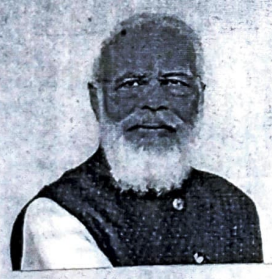

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Certificate ID 96653305457

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vidhi Lalit Oswal**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4810**
Unique Health ID (UHID)	
Beneficiary Reference ID	**87175607628770**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	14 Jun 2021	COVISHIELD	41212077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	16 Sep 2021	COVISHIELD	41212205	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	41212281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 13786463056

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akanksha Rameshwar Patekar**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2509**
Unique Health ID (UHID)	**17-2663-6668-4536**
Beneficiary Reference ID	**65535238956270**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shital Choudhari**
Vaccination At / लसीकरणाचे स्थळ	**AMC School (Bajaj), Aurangabad , 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 Jun 2021	COVISHIELD	4121Z090	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121P161	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 93988210791

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mansi prakash patel**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7556**
Unique Health ID (UHID)	**51-6362-5372-4438**
Beneficiary Reference ID	**72562007394960**
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 Jun 2021**	**27 Oct 2021**
Batch Number / बॅच क्रमांक	**4121Z087**	**4121mc109**
Vaccinated By / यांच्याद्वारे लसीकरण	**Kedar**	
Vaccination At / लसीकरणाचे स्थळ	**PHC Dhekwad, Nandurbar, Maharashtra**	

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Government of India

Certificate for COVID-19 Vaccination

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

Certificate ID 43261512412

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pranjal Ravindra Patil**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9490**
Unique Health ID (U-HID)	
Beneficiary Reference ID	**40349843038110**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	18 Jul 2021	COVISHIELD	4121MC022	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	11 Oct 2021	COVISHIELD	4121AA019M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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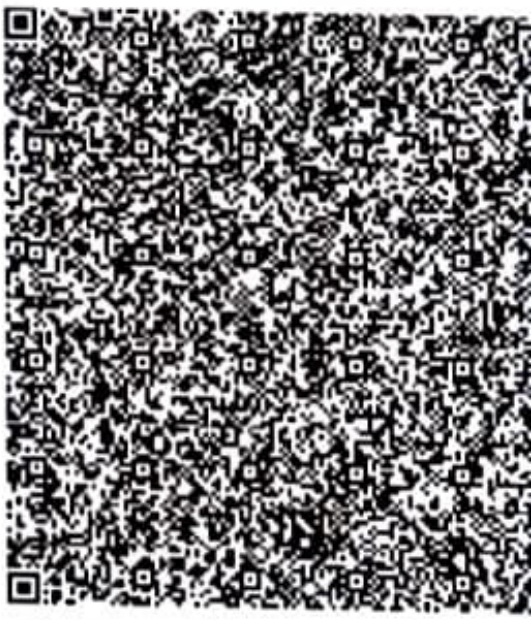

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Certificate ID 11734034727

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Purva Lalit Patil
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX6229
Unique Health ID (UHID)	
Beneficiary Reference ID	88793810360040
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	06 Jul 2021	01 Oct 2021
Batch Number / बॅच क्रमांक	4121MC019	4121Z002M
Vaccinated By / यांच्याद्वारे लसीकरण	SMT.RAJANI NIRGUN	
Vaccination At / लसीकरणाचे स्थळ	BDBA Hospital 1, Mumbai, Maharashtra	

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Srushti Ulhas Patil**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2061**
Unique Health ID (UHID)	
Beneficiary Reference ID	**56787717655770**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**27 May 2021 (Batch no. 4121Z07702)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**23 Aug 2021 (Batch no. 4121P139)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Sharvari Bahirat**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Medipoint Hospl Pvt Ltd, Pune, Maharashtra**

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Certificate ID 91083697289

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Omkar Prakash Pawar
Age / वय	20
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX6563
Unique Health ID (UHID)	
Beneficiary Reference ID	21391755057662
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	24 Dec 2021	29 Jan 2022
Batch Number / बॅच क्रमांक	37G21051A	37H21107A
Vaccinated By / यांच्याद्वारे लसीकरण	IRFAN MOMIN	
Vaccination At / लसीकरणाचे स्थळ	SANGAMNER RH 2, Ahmednagar, Maharashtra	

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Certificate ID 76729275586

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Yash Bhagwan Pawar**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3335**
Unique Health ID (UHID)	
Beneficiary Reference ID	**92926242404970**
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	**2021-10-23**	**2021-11-27**
Batch Number / बॅच क्रमांक	**C5/21027**	**37H21096A**
Vaccinated By / यांच्याद्वारे लसीकरण	**AVITA DAMALE**	
Vaccination At / लसीकरणाचे स्थळ	**PCMC Old Jijamata Hospital Cv2, Pune, Maharashtra**	

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Certificate ID **21855009745**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shravani Dnyaneshwar phalke**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5609**
Unique Health ID (UHID)	**62-6805-8137-1048**
Beneficiary Reference ID	**48853561562110**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Priti Raut**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Wadgaon Minatai Thakre, Pune, 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	**13 Jul 2021**	**COVISHIELD**	**4121Z100**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**21 Oct 2021**	**COVISHIELD**	**4121AA032M**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Hrushikesh Rajendra Phatak**
Age / वय	**18**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**PAN Card # GGUPP2028F**
Unique Health ID (UHID)	
Beneficiary Reference ID	**48583481269320**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of Dose / डोसची तारीख	**09 Jul 2021 (Batch no. 37I21005A)**
Next due date / पुढील देय तारीख	**Between 06 Aug 2021 and 20 Aug 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Ligin James**
Vaccination at / लसीकरणाचे स्थळ	**Global Hospital (Parel), Mumbai, Maharashtra**

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Universal Pass

The Department of Disaster Management, Relief & Rehabilitation

Government of Maharashtra

Shubhanyu Sudesh pudale

Male, 20

Travel Category **LEVEL 3** VACCINATED

You may scan the QRcode to verify this pass on DMRR Blockchain.

Beneficiary Id

20439213864560

Dose 1 Date	Dose 2 Date
20-06-2021	15-09-2021

VACCINATED

SOURCE COWIN VERIFIED

2447531

This is not a Photo Id

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Certificate ID 94367893067

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunal Ramesh Raut**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # FGQPR2264N**
Unique Health ID (UHID)	
Beneficiary Reference ID	**65854020709280**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	17 Aug 2021	COVISHIELD	41219157	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	10 Nov 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	41212281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 69604409362

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Priya Prabharkar Raut**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6801**
Unique Health ID (UHID)	
Beneficiary Reference ID	**94546310938100**
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	**2021-08-26**	**2021-12-24**
Batch Number / बॅच क्रमांक	**4121MC063**	**4121MF031**
Vaccinated By / यांच्याद्वारे लसीकरण	**Trupti Jadhav**	
Vaccination At / लसीकरणाचे स्थळ	**PMC G10 Chat Shivrai Hos, Pune, Maharashtra**	

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Certificate ID 61852207196

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Sumedha Tukaram Rongate
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX3657
Unique Health ID (UHID)	
Beneficiary Reference ID	37118223785940
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 Jul 2021	11 Oct 2021
Batch Number / बॅच क्रमांक	4121Z094	4121MC100
Vaccinated By / यांच्याद्वारे लसीकरण	VARSHA GAWAI	
Vaccination At / लसीकरणाचे स्थळ	PMC G Dr. Dalvi Hospital, Pune, Maharashtra	

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Certificate ID **26832918287**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Saniya Salve**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5566**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21389277815856**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	19 Oct 2021	COVISHIELD	4121mc101	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	11 Jan 2022	COVISHIELD	4121MC143	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

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

Certificate ID 56903552331

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mihika Sachin Sawant**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7446**
Unique Health ID (UHID)	**42-6204-7738-1649**
Beneficiary Reference ID	**41844301065260**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	25 Jun 2021	COVISHIELD	4121MC003	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Sep 2021	COVISHIELD	4121MF001	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

औषध सुद्धा आणि शिस्त सुद्धा
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Certificate for COVID-19 Vaccination

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

Certificate ID 98083259412

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Praful Santosh Sawant**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6271**
Unique Health ID (UHID)	**47-1127-6001-8786**
Beneficiary Reference ID	**61575939491310**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sampada**
Vaccination At / लसीकरणाचे स्थळ	**JASLOK HOSP.WORK PLACE(OTHERS), Mumbai, 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	07 Jun 2021	COVISHIELD	4121Z079	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	03 Sep 2021	COVISHIELD	4121P152	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rushabh Jitentra Shah**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4126**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363442382352**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**22 Jun 2021 (Batch no. 4120Z012)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**22 Sep 2021 (Batch no. 4121AA014M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Raut Sunanda**
Vaccination at / लसीकरणाचे स्थळ	**RurG/AMB/PHC Peth, Pune, Maharashtra**

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Nikita Shankar Shelke**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8119**
Unique Health ID (UHID)	
Beneficiary Reference ID	**89181913290970**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**24 Jun 2021 (Batch no. 4121MC006)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Oct 2021 (Batch no. 4121Z008M)**
Vaccinated by / याच्याद्वारे लसीकरण	**Mangal Dimbale**
Vaccination at / लसीकरणाचे स्थळ	**Rural Pimpale Jagatap SC, Pune, Maharashtra**

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Certificate ID 14631364491

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Ashey Ambedas Shewale
Age / वय	21
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX0913
Unique Health ID (UHID)	
Beneficiary Reference ID	21357445032386
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	2021-12-01	2022-01-04
Batch Number / बॅच क्रमांक	37M21005A	37M21005A
Vaccinated By / याच्याद्वारे लसीकरण	Pooja JAdhav	
Vaccination At / लसीकरणाचे स्थळ	Hatedi PHC (Kolwad SC), Buldhana, Maharashtra	

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Certificate ID 88091239267

iary Details

ry Name / लाभार्थीचे नाव	**Sayli Kiran Shimru**
	21
लिंग	**Female**
..ied / ओळखपत्र	**Aadhaar # XXXXXXXX6074**
Unique Health ID (UHID)	**57-2356-3827-3023**
Beneficiary Reference ID	**88837540118970**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	23 Jun 2021	COVISHIELD	4121Z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	24 Sep 2021	COVISHIELD	4121Z110	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 93814662105

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bhagyesh Shipalkar**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8014**
Unique Health ID (UHID)	
Beneficiary Reference ID	**49131185028960**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	17 Aug 2021	COVAXIN	37H21035A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	02 Jan 2022	COVAXIN	37M21013A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
Precaution dose	27 Jul 2022	COVAXIN	37H22006A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 48690817585

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shubham Shrikant Shipankar**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8417**
Unique Health ID (UHID)	
Beneficiary Reference ID	**35248505858010**
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	**2021-05-03**	**2021-07-26**
Batch Number / बॅच क्रमांक	**4121Z062**	**4121MC036**
Vaccinated By / यांच्याद्वारे लसीकरण	**Pawar Savita**	
Vaccination At / लसीकरणाचे स्थळ	**RurG/DAU/SDH Daund 1, Pune, Maharashtra**	

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Certificate ID 35546220429

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Vedanti gajanan Sonune
Age / वय	19
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX6370
Unique Health ID (UHID)	
Beneficiary Reference ID	67134834190700
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	2021-07-03	2021-08-07
Batch Number / बॅच क्रमांक	37F21059A	37I21020A
Vaccinated By / यांच्याद्वारे लसीकरण	Swati Kamble	
Vaccination At / लसीकरणाचे स्थळ	1 Washim UPHC, Washim, Maharashtra	

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Certificate for COVID-19 Vaccination

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Certificate ID 25905221393

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Smita Digambar Suryawanshi
Age / वय	21
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX2815
Unique Health ID (UHID)	
Beneficiary Reference ID	21382845199547
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	Punam Gurakha
Vaccination At / लसीकरणाचे स्थळ	PMC WG14 Dental School, Pune, 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	14 Oct 2021	COVISHIELD	4121MC106	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	07 Jan 2022	COVISHIELD	4121MC143	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 71148592269

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Abhishek Dinakrao Vaidhya**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7287**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21365302958135**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Madhurani**
Vaccination At / लसीकरणाचे स्थळ	**MC G Neharu Nagar Zone, Nagpur, 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	25 Jun 2021	COVISHIELD	4121Z090	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Nov 2021	COVISHIELD	4121MC119	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Ministry of Health & Family Welfare
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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sawskruti Vikas Jawarkar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4378**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21382776956180**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**23 Jun 2021 (Batch no. 4121MC001)**
Next due date / पुढील देय तारीख	**Between 15 Sep 2021 and 13 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Smt. Partale**
Vaccination at / लसीकरणाचे स्थळ	**Hadgaon Baradshew Gorlegaon SC, Nanded, Maharashtra**

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Certificate for COVID-19 Vaccination

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Certificate ID 54954309051

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kriti Laldas Shahare**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9383**
Unique Health ID (UHID)	
Beneficiary Reference ID	**93711880675810**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Rupali Gahane**
Vaccination At / लसीकरणाचे स्थळ	**MC G Indora UPHC, Nagpur, 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	02 Oct 2021	COVISHIELD	4121Z002M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	23 Feb 2022	COVISHIELD	4121MF040	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Universal Pass

The Department of Disaster Management, Relief & Rehabilitation

Government of Maharashtra

Sakshi Yogesh Alhat

Female, 21

Travel Category **LEVEL 3** VACCINATED

You may scan the QRcode to verify this pass on DMRR Blockchain.

Beneficiary Id
21391819405047

Dose 1 Date	Dose 2 Date
11-07-2021	09-10-2021

VACCINATED
SOURCE COWIN VERIFIED

This is not a Photo Id

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Certificate ID 68763700672

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Baban Salve**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1815**
Unique Health ID (UHID)	
Beneficiary Reference ID	**17157076823150**
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	**26 Oct 2021**	**25 Jan 2022**
Batch Number / बॅच क्रमांक	**4121MC103**	**4131MF040**
Vaccinated By / यांच्याद्वारे लसीकरण	**S Y Chitalkar**	
Vaccination At / लसीकरणाचे स्थळ	**SHRIGONDA RH 2, Ahmednagar, Maharashtra**	

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Certificate ID 50306034898

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pawna Bhaskar Tale**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3218**
Unique Health ID (UHID)	
Beneficiary Reference ID	**26425822382180**
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	**22 Jun 2021**	**09 Oct 2021**
Batch Number / बॅच क्रमांक	**4121Z090**	**4121MC094**
Vaccinated By / यांच्याद्वारे लसीकरण	**Sukumar Chavan**	
Vaccination At / लसीकरणाचे स्थळ	**Jawahar Colony UHC, Aurangabad , Maharashtra**	

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**DIPTI SETHURAMAN NAICKER**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8492**
Unique Health ID (UHID)	**77-3055-8064-1232**
Beneficiary Reference ID	**44492609400640**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**30 Jul 2021 (Batch no. 4121Z110)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Nov 2021 (Batch no. 4121MC119)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Shubhangi Dhavale**
Vaccination at / लसीकरणाचे स्थळ	**TATA MEMORIAL HOSPITAL PAREL, Mumbai, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bhushan Tanaji Bhore**
Age / वय	**19**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3985**
Unique Health ID (UHID)	**24-5076-5042-5776**
Beneficiary Reference ID	**86756302096320**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**03 Jul 2021 (Batch no. 37I21005A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**09 Sep 2021 (Batch no. 37F21024A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Suvarna N Patil**
Vaccination at / लसीकरणाचे स्थळ	**Gandhinagar SDH 1, Kolhapur, Maharashtra**

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Certificate ID 26501371954

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Avantika Ganeshrao Banode**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0210**
Unique Health ID (UHID)	**76-1221-0483-4271**
Beneficiary Reference ID	**21366155219264**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 Jun 2021	COVISHIELD	4121MC001	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	02 Sep 2021	COVISHIELD	4121AA004M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shruti jagdish Adam**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0383**
Unique Health ID (UHID)	
Beneficiary Reference ID	**97303475682700**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**07 Jul 2021 (Batch no. 4121Z104)**
Next due date / पुढील देय तारीख	**Between 29 Sep 2021 and 27 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Mr Saudagar Yavatkar**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Apollo Clinic Kharadi, Pune, Maharashtra**

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Certificate ID 20207375298

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pratiksha chavan**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6368**
Unique Health ID (UHID)	
Beneficiary Reference ID	**26848165324200**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	03 Jul 2021	COVISHIELD	4121MC019	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	26 Sep 2021	COVISHIELD	4121P216	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Renuka sampat mule**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9315**
Unique Health ID (UHID)	**40-3274-8446-0158**
Beneficiary Reference ID	**23682883256950**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**13 Jul 2021 (Batch no. 37I21010A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**16 Aug 2021 (Batch no. 37F21103A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Usha Raut**
Vaccination at / लसीकरणाचे स्थळ	**Patoda RH, Beed, Maharashtra**

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Certificate ID 68260774030

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pankaj Chandrakant Chaure**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2266**
Unique Health ID (UHID)	**11-7157-3620-4876**
Beneficiary Reference ID	**67437856148140**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Vandana Chakranarayan**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Kamala Nehru Hospital, Pune, 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	15 Jul 2021	COVAXIN	37I21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	24 Aug 2021	COVAXIN	37F21109A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Certificate ID 23190010583

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Khushi Rahul Bhat**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8169**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21371133095040**
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	**12 Jun 2021**	**04 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z061**	**4121MC072**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Priyanka Ganesh Khalate**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # JZPPK3829A**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363336100774**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**28 May 2021 (Batch no. 4121Z081)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**21 Aug 2021 (Batch no. 4121MC056)**
Vaccinated by / यांच्याद्वारे लसीकरण	**KAVITA ATHWAL**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Swa Se Hakim Ajmal Khan, Pune, Maharashtra**

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Certificate ID 27253358520

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Sanika Suunil Ingawalay
Age / वय	21
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX9650
Unique Health ID (UHID)	
Beneficiary Reference ID	90346785424010
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	30 May 2021	23 Aug 2021	27 Jul 2022
Batch Number / बॅच क्रमांक	4121Z085	4121Z110	4121Z281
Vaccinated By / यांच्याद्वारे लसीकरण	Punam Gurakha		
Vaccination At / लसीकरणाचे स्थळ	PMC WG14 Dental School, Pune, Maharashtra		

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Certificate ID 95614770436

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gourav Kamalkishor Innani**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5730**
Unique Health ID (UHID)	
Beneficiary Reference ID	**23351810335530**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	03 May 2021	COVISHIELD	4121Z062	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	17 Aug 2021	COVISHIELD	4121MC052	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 74628722235

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rui chandrakant hinge**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # BHNPH1620J**
Unique Health ID (UHID)	
Beneficiary Reference ID	**52855333903490**
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	**13 Jun 2021**	**27 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z094**	**4121P216**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Certificate ID 43811595381

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mitali Gaikwad**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1464**
Unique Health ID (UHID)	**43-6740-8702-5756**
Beneficiary Reference ID	**21363736828018**
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	**07 Jun 2021**	**04 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z090**	**4121MC072**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Chaitali Dipak Jadhva**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6219**
Unique Health ID (UHID)	
Beneficiary Reference ID	**17145183177930**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**13 Jul 2021 (Batch no. 37F210808A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**15 Aug 2021 (Batch no. 37I21024A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**NAYANA PAITHANKAR**
Vaccination at / लसीकरणाचे स्थळ	**RAHATA RH 1, Ahmednagar, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tapan Popat Kudale**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2561**
Unique Health ID (UHID)	**64-7166-0417-7463**
Beneficiary Reference ID	**81158827771680**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	07 Jul 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	16 Oct 2021	COVISHIELD	4121r056	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shubhangi Manohar Kalyankar**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7491**
Unique Health ID (UHID)	**30-8202-4507-8139**
Beneficiary Reference ID	**38356048369680**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**26 Jun 2021 (Batch no. 4121MC006)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**31 Oct 2021 (Batch no. 4121MC094)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Panchal vaishali**
Vaccination at / लसीकरणाचे स्थळ	**ShivajinagarU Covaxin-1 18to44, Nanded, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aarya Anand Chandak**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7244**
Unique Health ID (UHID)	**52-7283-4465-5306**
Beneficiary Reference ID	**91165331675880**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	08 Jul 2021	COVISHIELD	4121Z085	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	13 Nov 2021	COVISHIELD	4121MC123	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 52834007897

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Manthan Chipade**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6470**
Unique Health ID (UHID)	
Beneficiary Reference ID	**79158449342120**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Andhalkar D.S.**
Vaccination At / लसीकरणाचे स्थळ	**PHC AGALGAON BA, Solapur, 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	14 Jul 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Jan 2022	COVISHIELD	4121MF041	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 62670934385

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Samruddhi Sunil Midgule
Age / वय	21
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX9551
Unique Health ID (UHID)	
Beneficiary Reference ID	81582523439380
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	07 Jul 2021	01 Oct 2021	27 Jul 2022
Batch Number / बॅच क्रमांक	4121Z086	4121MC095	4121Z281
Vaccinated By / यांच्याद्वारे लसीकरण	Punam Gurakha		
Vaccination At / लसीकरणाचे स्थळ	PMC WG14 Dental School, Pune, Maharashtra		

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Certificate ID 26242036020

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sarathi Sanjay Kachare**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # ACXPK1529P**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21376524923225**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	**13 Jun 2021**	**COVAXIN**	**37F21040A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech**
2/2	**07 Aug 2021**	**COVAXIN**	**37H21022A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech**
Precaution dose	**27 Jul 2022**	**COVAXIN**	**37H22056A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sharvari Anand Deo**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7670**
Unique Health ID (UHID)	**25-5422-0542-0609**
Beneficiary Reference ID	**21382946784477**
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	**2021-06-11**	**2021-11-09**
Batch Number / बॅच क्रमांक	**4121Z080**	**4121MC094**
Vaccinated By / यांच्याद्वारे लसीकरण	**Jyoti Ghene**	
Vaccination At / लसीकरणाचे स्थळ	**JangamwadiUHC Covaxin-1 18to44, Nanded, Maharashtra**	

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Certificate ID 66561407672

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sangita sambhaji Mungse**
Age / वय	**47**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2628**
Unique Health ID (UHID)	**61-2854-6540-3353**
Beneficiary Reference ID	**3990760813265**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Neha Gawali**
Vaccination At / लसीकरणाचे स्थळ	**PMC G14 Rajiv Gandhi Hosp, Pune, 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	06 Apr 2021	COVISHIELD	4121z035	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Jun 2021	COVISHIELD	4121MC011	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	26 Sep 2022	COVISHIELD	41222015	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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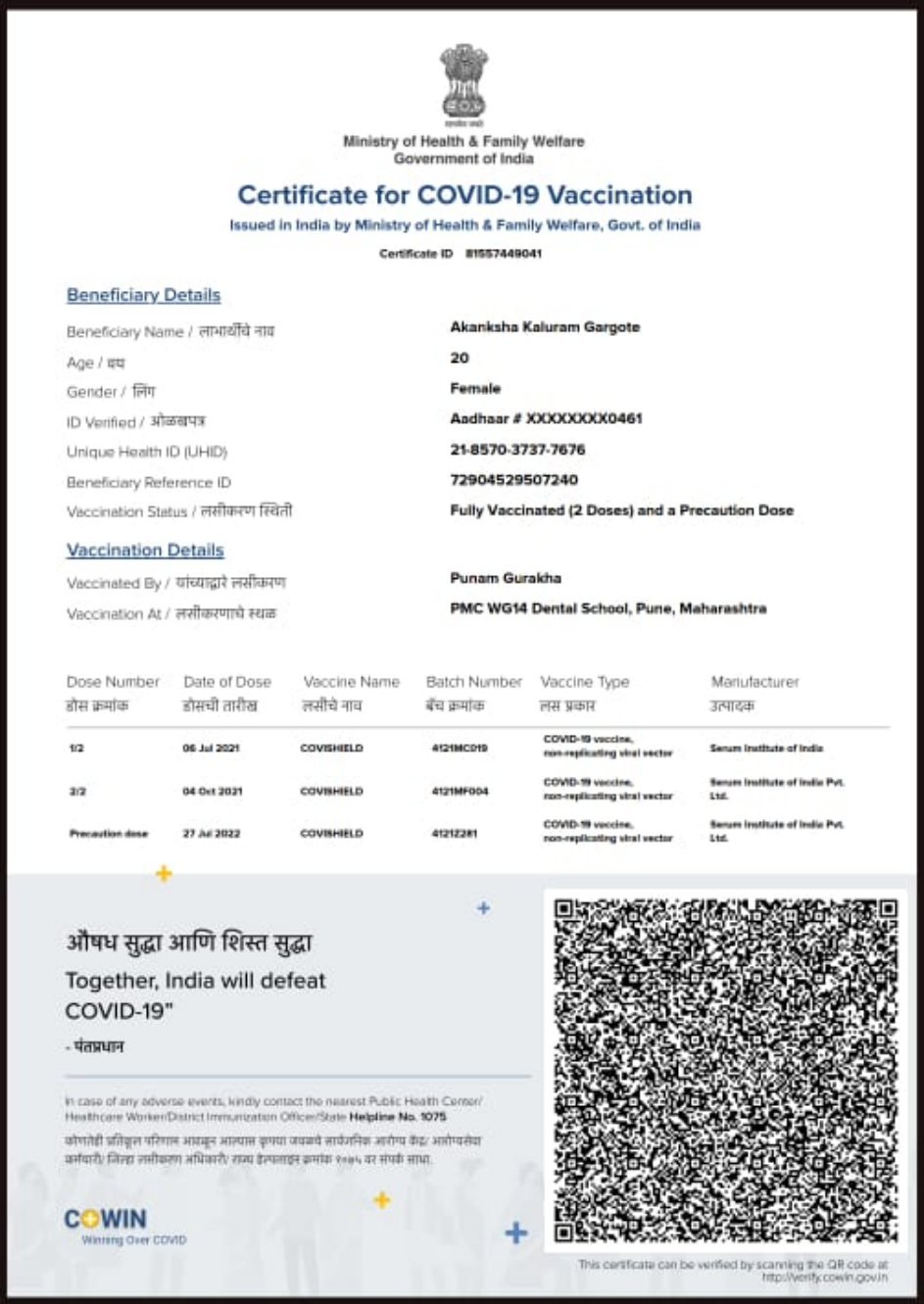

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Certificate ID 81557449041

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akanksha Kaluram Gargote**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0461**
Unique Health ID (UHID)	**21-8570-3737-7676**
Beneficiary Reference ID	**72904529507240**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	06 Jul 2021	COVISHIELD	4121MC019	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	04 Oct 2021	COVISHIELD	4121MF004	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	41212281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 24825122382

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Dahiphale Pradeep Balu**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5329**
Unique Health ID (UHID)	
Beneficiary Reference ID	**49945443482500**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	14 Jul 2021	COVAXIN	37I21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	24 Aug 2021	COVAXIN	37F21109A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 71231722044

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tejasvi Jadhav**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6757**
Unique Health ID (UHID)	
Beneficiary Reference ID	**39884897130480**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

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**	**Precaution dose**
Date of Dose / डोसची तारीख	**08 Jul 2021**	**27 Aug 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**37F21075A**	**37I2007A**	**37H22056A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Janhavi Dnyaneshwar Darade**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9522**
Unique Health ID (UHID)	
Beneficiary Reference ID	**67556298682420**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	05 May 2021	COVISHIELD	4121Z062	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	28 Jul 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ellena Shaji kuruthukulangara**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8962**
Unique Health ID (UHID)	**28-5067-7844-5159**
Beneficiary Reference ID	**74357086773740**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**08 Jul 2021 (Batch no. 37I21007A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**24 Aug 2021 (Batch no. 37F21109A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Vandana Chakranarayan**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Kamala Nehru Hospital, Pune, Maharashtra**

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Certificate ID 47188931295

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Spurti Gulabrao Dalimbkar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7674**
Unique Health ID (UHID)	
Beneficiary Reference ID	**39503813118480**
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	**20 Jun 2021**	**16 Sep 2021**
Batch Number / बॅच क्रमांक	**4121Z100**	**4121P194**
Vaccinated By / यांच्याद्वारे लसीकरण	**Dr.Manish Pradhan**	
Vaccination At / लसीकरणाचे स्थळ	**PMC WP Sachin Satpute Foundati, Pune, Maharashtra**	

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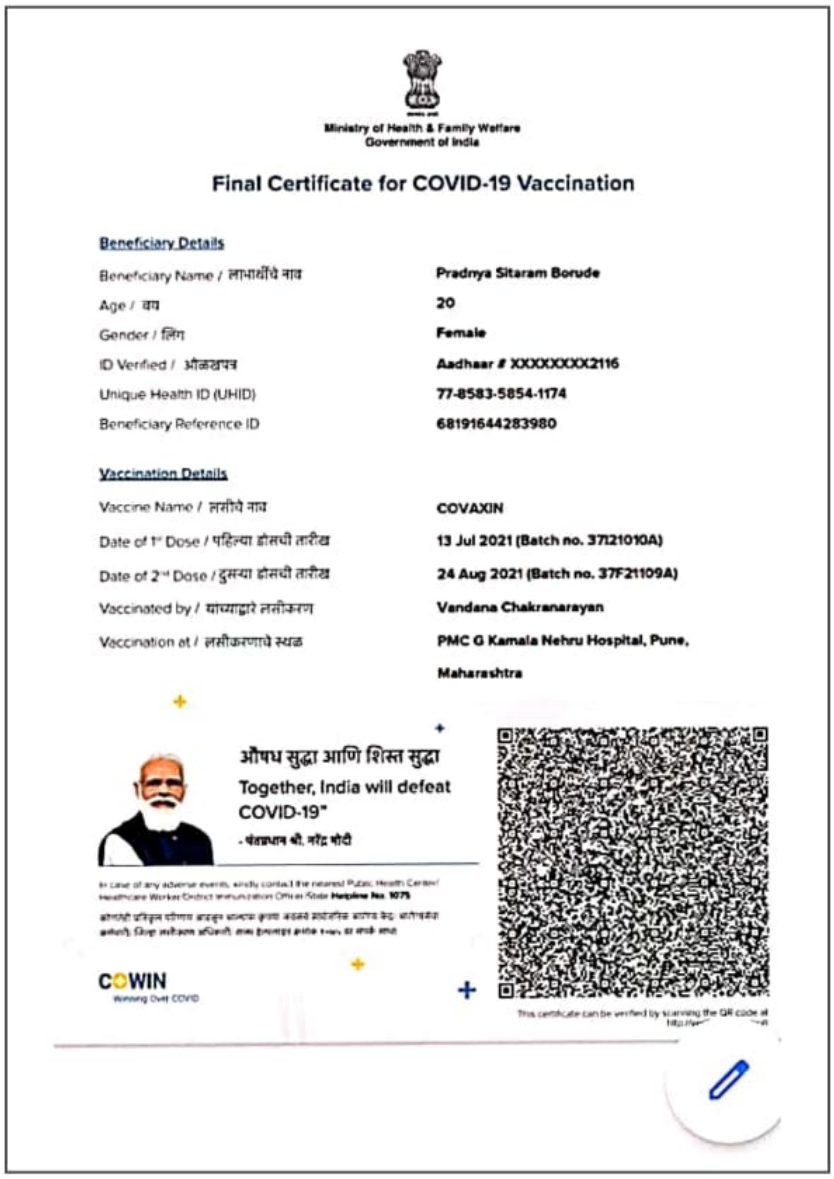

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pradnya Sitaram Borude**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2116**
Unique Health ID (UHID)	**77-8583-5854-1174**
Beneficiary Reference ID	**68191644283980**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**13 Jul 2021 (Batch no. 37121010A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**24 Aug 2021 (Batch no. 37F21109A)**
Vaccinated by / याच्याद्वारे लसीकरण	**Vandana Chakranarayan**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Kamala Nehru Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Chanchal Dnyaneshwar Jadhav**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0483**
Unique Health ID (UHID)	**77-4584-7752-5073**
Beneficiary Reference ID	**53481531338200**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 Jun 2021	COVAXIN	37F21052A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	16 Aug 2021	COVAXIN	37F21070A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 98768775679

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shubham Sandeep Chikhale**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8479**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363771925205**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	30 Jun 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	27 Sep 2021	COVISHIELD	4121P216	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ruchika Prakash Badgujar**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4479**
Unique Health ID (UHID)	**68-5475-8261-4219**
Beneficiary Reference ID	**50452581057320**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**07 May 2021 (Batch no. 4121Z062)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**01 Aug 2021 (Batch no. 4121MC007)**
Vaccinated by / यांच्याद्वारे लसीकरण	**ANITA BANGALE**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Symbiosis Cntr Healthcar, Pune, Maharashtra**

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Certificate ID 40740253512

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Manju Sukhadeo Jambhalkar**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0607**
Unique Health ID (UHID)	**18-4631-4253-4346**
Beneficiary Reference ID	**41418848395560**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	08 Jul 2021	COVAXIN	37I21007A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	20 Aug 2021	COVAXIN	37F21108A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 11430911929

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shweta Sundar Deshmukh**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1232**
Unique Health ID (UHID)	**13-6456-8578-3752**
Beneficiary Reference ID	**30428941580470**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	28 Jun 2021	COVISHIELD	4121MC011	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	22 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 98564147687

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kshitija Rahul Kamble**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2415**
Unique Health ID (UHID)	**22-2281-4782-7563**
Beneficiary Reference ID	**32166727232870**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	09 May 2021	COVISHIELD	4121Z062	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	07 Aug 2021	COVISHIELD	4121Z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 80781354578

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pranjali Uttam Jadhav**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9871**
Unique Health ID (UHID)	
Beneficiary Reference ID	**54638999234580**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	25 Jun 2021	COVISHIELD	4121Z085	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	24 Sep 2021	COVISHIELD	4121Z086	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Naikwade nikita Subhash**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6168**
Unique Health ID (UHID)	**20-5845-8742-8847**
Beneficiary Reference ID	**64857501523360**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	14 Jul 2021	COVISHIELD	4121M0024	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	14 Oct 2021	COVISHIELD	4121Z007M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 84766305148

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sunidhi Bhosle**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3459**
Unique Health ID (UHID)	**67-6620-2436-3787**
Beneficiary Reference ID	**99892569723330**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	02 May 2021	COVISHIELD	4121Z062	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	28 Jul 2021	COVISHIELD	4121MC037	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

औषध सुद्धा आणि शिस्त सुद्धा

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Certificate for COVID-19 Vaccination

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Certificate ID 27914052304

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Richi Jain**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2486**
Unique Health ID (UHID)	
Beneficiary Reference ID	**56416532273100**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**	
Vaccine Type / लस प्रकार	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer / उत्पादक	**Serum Institute of India Pvt. Ltd.**	
Dose Number / डोस क्रमांक	**1/2**	**2/2**
Date of Dose / डोसची तारीख	**2021-07-10**	**2021-10-23**
Batch Number / बॅच क्रमांक	**4121Z122**	**4121AA032M**
Vaccinated By / यांच्याद्वारे लसीकरण	**NANDINI BANSODE**	
Vaccination At / लसीकरणाचे स्थळ	**PMC G MAHATMA GANDHI URDu Sch, Pune, Maharashtra**	

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Ministry of Health & Family Welfare
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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Lajari Kishor Aage**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7842**
Unique Health ID (UHID)	**28-5641-5102-2350**
Beneficiary Reference ID	**21390874979302**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**11 Jun 2021 (Batch no. 4121Z090)**
Next due date / पुढील देय तारीख	**Between 03 Sep 2021 and 01 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**sunita Munde**
Vaccination at / लसीकरणाचे स्थळ	**JMC School No 48 Pimprala, Jalgaon, Maharashtra**

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Certificate for COVID-19 Vaccination

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Certificate ID 47632915968

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Nupur Vitthal More**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2690**
Unique Health ID (UHID)	**32-8166-8737-5353**
Beneficiary Reference ID	**77235463959570**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	09 May 2021	COVISHIELD	4121Z062	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	06 Aug 2021	COVISHIELD	4121z085	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID **66693914170**

Beneficiary Details

Beneficiary Name	**Shwetank Sagar Nande**
Age	**20**
Gender	**Male**
ID Verified	**Aadhaar # XXXXXXXX0326**
Unique Health ID (UHID)	**34-3333-7603-8845**
Beneficiary Reference ID	**32637580164740**
Vaccination Status	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By	**Nivedita jio**
Vaccination At	**PMC P 7 Paarasmani Hospital**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	08 Jun 2021	COVISHIELD	4121Z082	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	31 Aug 2021	COVISHIELD	4121P152	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	24 Jul 2022	COVISHIELD	4122Z003	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

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Certificate ID 93370809634

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Anvita Pralhad Nawale**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5314**
Unique Health ID (UHID)	
Beneficiary Reference ID	**40951676642690**
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	**2021-07-03**	**2021-11-16**
Batch Number / बॅच क्रमांक	**37F21063A**	**37M21015A**
Vaccinated By / यांच्याद्वारे लसीकरण	**VELEGAONKAR**	
Vaccination At / लसीकरणाचे स्थळ	**RENAKHALI SC COVAXIN, Parbhani, Maharashtra**	

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Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ruchi Gajanan Nikhade**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2248**
Unique Health ID (UHID)	**54-8734-3100-7751**
Beneficiary Reference ID	**26283149945180**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**06 Jul 2021 (Batch no. 4121MC007)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**14 Oct 2021 (Batch no. 4121Z008M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Anita Gaikwad**
Vaccination at / लसीकरणाचे स्थळ	**PMC G ZP SCH Lohgaon, Pune, Maharashtra**

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Isha Sanjay Oswal**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2089**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363799648712**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of Dose / डोसची तारीख	**28 Jun 2021 (Batch no. 37F21065A)**
Next due date / पुढील देय तारीख	**Between 26 Jul 2021 and 09 Aug 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Pawar Savita**
Vaccination at / लसीकरणाचे स्थळ	**Rural Sub District Hos. Daund, Pune, Maharashtra**

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name	**Shamal Manoj Padmawar**
Age	**20**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX4819**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21368166153041**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of Dose	**05 Mar 2021 (Batch no. 4120Z012YTL)**
Next due date	**Between 02 Apr 2021 and 30 Apr 2021**
Vaccinated by	
Vaccination at	**19 Aarogyadham Hospital Digras, Yavatmal**

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Certificate ID 61663400311

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aishwarya Prathapakumar Paniker**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3664**
Unique Health ID (UHID)	**34-8733-5300-5721**
Beneficiary Reference ID	**89159457675700**
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	**12 Jun 2021**	**04 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z082**	**4121MC072**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name	**Asmita Balasaheb Pansare**
Age	**19**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX2921**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363645934846**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**12 Jun 2021 (Batch no. 4121Z079)**
Date of 2nd Dose	**10 Sep 2021 (Batch no. 4121Z129)**
Vaccinated by	**Prasad Kulkurni**
Vaccination at	**RurP/BMT/BMT WH/BARAMATI HOSP**

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Certificate for COVID-19 Vaccination

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Certificate ID 88046171830

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ritu Dattatre Pardeshi**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6565**
Unique Health ID (UHID)	**56-5763-4207-4301**
Beneficiary Reference ID	**45317428530730**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 Jul 2021	COVISHIELD	4121Z082	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Oct 2021	COVISHIELD	4121MC094	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 51295729823

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Divya Sanjay Patel**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4251**
Unique Health ID (UHID)	**43-1325-1855-0165**
Beneficiary Reference ID	**21390263816612**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	24 May 2021	COVISHIELD	4121Z079	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	04 Sep 2021	COVISHIELD	4121Z110	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Bharat Patil**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4037**
Unique Health ID (UHID)	**16-8281-6886-2171**
Beneficiary Reference ID	**96877172180830**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**10 Jul 2021 (Batch no. 37F21065A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**24 Aug 2021 (Batch no. 37F21109A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Vandana Chakranarayan**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Kamala Nehru Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Krutika Tushar Patil**
Age / वय	**18**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2818**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21389920798176**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**07 Jun 2021 (Batch no. 4121Z081)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**31 Aug 2021 (Batch no. 4121Z129)**
Vaccinated by / यांच्याद्वारे लसीकरण	**RANJEET POWAR**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Orchid Spec Hospital, Pune, Maharashtra**

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Certificate ID 66162964106

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**ROSHAN BHAUSAHEB PATIL**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0493**
Unique Health ID (UHID)	**10-1573-3057-8135**
Beneficiary Reference ID	**99323120353800**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Vandana Chakranarayan**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Kamala Nehru Hospital, Pune, 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	12 Jul 2021	COVAXIN	37F21058A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	24 Aug 2021	COVAXIN	37F21109A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Certificate ID 86831412825

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sayali sharad patil**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4196**
Unique Health ID (UHID)	**79-8983-1794-1928**
Beneficiary Reference ID	**67151344285372**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

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**	**Precaution dose**
Date of Dose / डोसची तारीख	**13 Jul 2021**	**24 Aug 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**38I61710V**	**39T27189B**	**37G52086B**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Certificate ID [redacted]

Beneficiary Details

Beneficiary Name / लाभार्थी का	**Prachi Dhananjay pawar**
Age / उम्र	**30**
Gender / लिंग	**Female**
ID Verified / सत्यापन	**Aadhaar # XXXXXXXX5720**
Unique Health ID (UHID)	
Beneficiary Reference ID	**94317386365940**
Vaccination Status / वैक्सीन स्थिति	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated by / वैक्सीनेटर	**Dr Ashwini Patil**
Vaccination At / वैक्सीनेशन साइट	**JMC Kantai Netralaya 45, Jalgaon, Maharashtra**

Dose Number डोज़ क्रमांक	Date of Dose दी गयी तारीख	Vaccine Name वैक्सीन का	Batch Number बैच क्रमांक	Vaccine Type टीके का प्रकार	Manufacturer उत्पादक
1/1	08 Jul 2021	COVISHIELD	4121G05	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	02 Oct 2021	COVISHIELD	4121F26	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	10 Aug 2022	COVISHIELD	4122AA09	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID **76682588199**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shivani Kalyanrao Pawar**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5441**
Unique Health ID (UHID)	**63-2667-5463-3361**
Beneficiary Reference ID	**51934300145740**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 Jul 2021	COVAXIN	37F21065A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	19 Aug 2021	COVAXIN	37I21020A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 60587740401

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akshaya Purushottam Phate**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5440**
Unique Health ID (UHID)	**32-4806-0340-4050**
Beneficiary Reference ID	**21363833374443**
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	**03 Jul 2021**	**25 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121MC014**	**4121MC087**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aishwarya Pillay**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6867**
Unique Health ID (UHID)	
Beneficiary Reference ID	**80663652521330**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**09 Jul 2021 (Batch no. 4121Z104)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**01 Nov 2021 (Batch no. 4121MC101)**
Vaccinated by / यांच्याद्वारे लसीकरण	**UJWAL R. KAROSIYA (C.N.S.)**
Vaccination at / लसीकरणाचे स्थळ	**BHUSAWAL Div Railway Hospital, Jalgaon, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Asmita Arun Ranvir**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3510**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21366889149498**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**18 Jun 2021 (Batch no. 4121Z096)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**20 Sep 2021 (Batch no. 4121Z205)**
Vaccinated by / याद्वारे लसीकरण	**Manjo Mondhe**
Vaccination at / लसीकरणाचे स्थळ	**13 Dental Hospital AMC, Amravati, Maharashtra**

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Certificate ID 42579703869

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rathod Anjali Harl**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5496**
Unique Health ID (UHID)	**32-1666-3780-3454**
Beneficiary Reference ID	**98307137894620**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	19 Jul 2021	COVAXIN	37F21081A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	04 Sep 2021	COVAXIN	37H21038A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Ministry of Health & Family Welfare
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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ashwini Shivlal Rathod**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0930**
Unique Health ID (UHID)	
Beneficiary Reference ID	**87949802273750**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**12 Jul 2021 (Batch no. 4121Z120)**
Next due date / पुढील देय तारीख	**Between 04 Oct 2021 and 01 Nov 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Gaikwad**
Vaccination at / लसीकरणाचे स्थळ	**Police Hopital Beed, Beed, Maharashtra**

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Certificate for COVID-19 Vaccination

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Certificate ID 11522288104

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditi Santosh Rode**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3843**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363672972245**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	12 Jun 2021	COVISHIELD	4121Z081	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	07 Sep 2021	COVISHIELD	4121Z129	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

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Certificate ID 53944873706

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Anand Samal**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8837**
Unique Health ID (UHID)	**48-1665-3134-0670**
Beneficiary Reference ID	**59631208975320**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 Jul 2021	COVAXIN	37F21065A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	27 Aug 2021	COVAXIN	37I2007A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate for COVID-19 Vaccination

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Certificate ID 68664627299

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shaikh Maseera Parvin Mohd Ashfaque**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0053**
Unique Health ID (UHID)	**62-3066-7410-1353**
Beneficiary Reference ID	**76734842177930**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	08 Jul 2021	COVAXIN	37I21007A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	21 Aug 2021	COVAXIN	37F21109A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Suhas Shakuntal**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8399**
Unique Health ID (UHID)	
Beneficiary Reference ID	**20711215336010**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**12 Jul 2021 (Batch no. 37F21065A)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**24 Aug 2021 (Batch no. 37F21109A)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Vandana Chakranarayan**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Kamala Nehru Hospital, Pune, Maharashtra**

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Certificate ID 26001269667

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**TEJAL TANAJI SHENDGE**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9807**
Unique Health ID (UHID)	**61-4512-0152-4866**
Beneficiary Reference ID	**90487236526730**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	13 Jul 2021	COVAXIN	37I21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	04 Sep 2021	COVAXIN	37H21038A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 25189965404

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Yugal Vinod Shende**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3253**
Unique Health ID (UHID)	**13-2045-6655-4369**
Beneficiary Reference ID	**36469287492390**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	12 Jul 2021	COVAXIN	37F21058A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	24 Aug 2021	COVAXIN	37F21109A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 40310829456

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mukta Vinayak Shinde**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0472**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363222835888**
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	**11 Jun 2021**	**08 Sep 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z096**	**4121Z205**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Certificate ID 44648700896

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Samruddhi Dharamraj Shinde**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0433**
Unique Health ID (UHID)	**37-8281-1535-6330**
Beneficiary Reference ID	**64224647626020**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	15 Jul 2021	COVAXIN	37I21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	24 Aug 2021	COVAXIN	37F21109A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 98689334056

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mayuri Dhanaji Surve**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4234**
Unique Health ID (UHID)	
Beneficiary Reference ID	**63163343201170**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	10 Jul 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Oct 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	41212281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 91264648164

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rutik Bhanudas Tandale**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4058**
Unique Health ID (UHID)	**40-1382-7051-2759**
Beneficiary Reference ID	**38766926940850**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	11 Jul 2021	COVAXIN	37F21080A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	12 Aug 2021	COVAXIN	37H21035A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 15136094969

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Tattapure Mangesh Suryakant**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9783**
Unique Health ID (UHID)	**68-4667-7312-5416**
Beneficiary Reference ID	**14493027022890**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Mandakini Harkal**
Vaccination At / लसीकरणाचे स्थळ	**Sonpeth PHC COVAXIN, Parbhani, 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	13 Jul 2021	COVAXIN	37I21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	04 Dec 2021	COVAXIN	37H21089A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 75953006686

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pratik balu tele**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5477**
Unique Health ID (UHID)	
Beneficiary Reference ID	**63297380709250**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Bhima kamble**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Colonel Young Sch Yerwad, Pune, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 10 Aug 2021 and 24 Aug 2021**

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	13 Jul 2021	COVAXIN	37121010A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Certificate ID 68834305457

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rutika Satish Tupe**
Age / वय	**23**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0300**
Unique Health ID (UHID)	
Beneficiary Reference ID	**10227058365080**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	12 Jul 2021	COVISHIELD	4121Z100	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	08 Nov 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shivani Kishor Wagh**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7884**
Unique Health ID (UHID)	**54-8772-1810-7130**
Beneficiary Reference ID	**21396578614192**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**10 Jun 2021 (Batch no. 4121Z090)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**04 Sep 2021 (Batch no. 4121MC072)**
Vaccinated by / यांच्याद्वारे लसीकरण	**ankushrao landge**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Ankushrao Landge Natyagru, Pune, Maharashtra**

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Certificate ID 90398361711

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ruchita Dattatray Wakase**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # AHNPW7299M**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363553287231**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	06 Apr 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	06 Jul 2021	COVISHIELD	4121MC020	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Wanjare Anushka Ravindra**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3528**
Unique Health ID (UHID)	**60-3843-7113-1256**
Beneficiary Reference ID	**71577367523010**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**12 Jul 2021 (Batch no. 4121Z120)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**01 Nov 2021 (Batch no. 4121AA029M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Gaikwad**
Vaccination at / लसीकरणाचे स्थळ	**Police Hopital Beed, Beed, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Akanksha Vilasrao Wankhade**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3031**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21369732122261**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**11 Jun 2021 (Batch no. 4121Z090)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**04 Sep 2021 (Batch no. 4121MC072)**
Vaccinated by / यांच्याद्वारे लसीकरण	**ankushrao landge**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Ankushrao Landge Natyagru, Pune, Maharashtra**

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Certificate ID 72979149053

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Utkarsha Yewale**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7332**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363676300089**
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	**2021-06-19**	**2021-09-16**
Batch Number / बॅच क्रमांक	**4121MC006**	**4121AA015M**
Vaccinated By / यांच्याद्वारे लसीकरण	**Ivare V H**	
Vaccination At / लसीकरणाचे स्थळ	**PHC Jeur (Karmala) KA, Solapur, Maharashtra**	

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sayali Jugalkishor Zanwar**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8995**
Unique Health ID (UHID)	
Beneficiary Reference ID	**33428859291640**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**07 May 2021 (Batch no. 4121Z058)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**18 Aug 2021 (Batch no. 4121MC055)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Karishma Kasbe**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Gangotri Park Dighi Road, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi Ramesh Kharat**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1140**
Unique Health ID (UHID)	**65-0010-3436-4620**
Beneficiary Reference ID	**61998021941290**
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	**17 Jul 2021**	**18 Oct 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121Z128**	**4121AA032M**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kshitija Rahul Kamble**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2415**
Unique Health ID (UHID)	**22-2281-4782-7563**
Beneficiary Reference ID	**32166727232870**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	09 May 2021	COVISHIELD	4121Z062	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	07 Aug 2021	COVISHIELD	4121Z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Batch 2018-2023

Ministry of Health & Family Welfare
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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rohan Uttamrao Jaybhaye**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7288**
Unique Health ID (UHID)	**37-2543-0273-1633**
Beneficiary Reference ID	**31779979797610**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**27 May 2021 (Batch no. 4121Z079)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**04 Sep 2021 (Batch no. 4121P152)**
Vaccinated by / यांच्याद्वारे लसीकरण	**MAMTA TAKSANDE**
Vaccination at / लसीकरणाचे स्थळ	**PMC P Apollo Clinic Vimanngr, Pune, Maharashtra**

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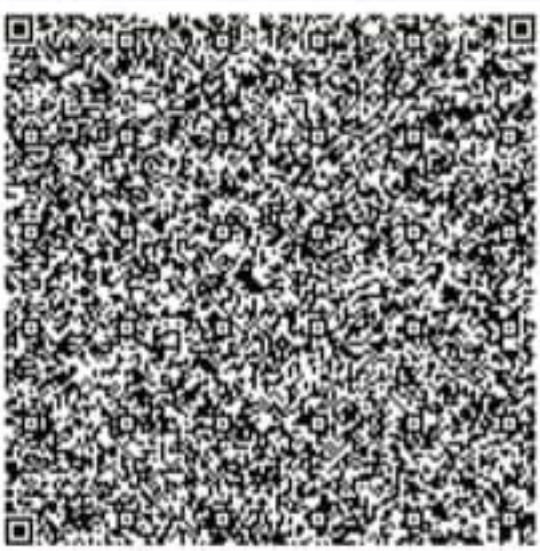

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Certificate ID 98774627413

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Jhawar Akshita Ramkishor**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9642**
Unique Health ID (UHID)	**22-6330-1010-6781**
Beneficiary Reference ID	**15681008809070**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	15 Jul 2021	COVAXIN	37121010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	26 Aug 2021	COVAXIN	37121027A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 59651823160

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Parvati Basavaraj Halageri**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1176**
Unique Health ID (UHID)	**63-5558-3651-5368**
Beneficiary Reference ID	**50977033246290**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**MANDAKINI KAVITKE**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Jayabai Sutar Hospital, Pune, 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	15 Jul 2021	COVAXIN	37121010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	26 Aug 2021	COVAXIN	37121027A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name	**Saniya Iliyas Jamna**
Age	**20**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8815**
Unique Health ID (UHID)	
Beneficiary Reference ID	**34406363833880**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**17 Jul 2021 (Batch no. 4121Z128)**
Date of 2nd Dose	**01 Nov 2021 (Batch no. 4121MF017)**
Vaccinated by	**Neral PHC**
Vaccination at	**PHC Neral KARJAT**

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Certificate ID 78194403414

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunal Vijay Kamble**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7270**
Unique Health ID (UHID)	
Beneficiary Reference ID	**31415512429240**
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	**2021-06-07**	**2021-09-09**
Batch Number / बॅच क्रमांक	**4121Z077**	**4121Z205**
Vaccinated By / यांच्याद्वारे लसीकरण	**SUJATA PAWAR**	
Vaccination At / लसीकरणाचे स्थळ	**PMC G Premchand Oswal Hosp, Pune, Maharashtra**	

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Certificate ID 48222021410

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Chetan Kanpile**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1629**
Unique Health ID (UHID)	**52-3113-4507-0153**
Beneficiary Reference ID	**45964387030190**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**POONAM CHOUNDE**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Nilu Phule Natyagruh PCMC, Pune, 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	10 Jul 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	28 Oct 2021	COVISHIELD	4121Z008M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 57993040029

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Devyani Nandkishor Patil**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8514**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21387530659835**
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	**22 Jun 2021**	**18 Oct 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**4121MC001**	**4121AA032M**	**4121Z281**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name	**Harshada Ulhasrao Patil**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX1550**
Unique Health ID (UHID)	
Beneficiary Reference ID	**24802530322330**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**17 Jul 2021 (Batch no. 4121Z128)**
Date of 2nd Dose	**03 Nov 2021 (Batch no. 4121MF017)**
Vaccinated by	**Suman Sartale**
Vaccination at	**Chh. Shahu Maharaj UHC JMC 45**

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- Prime Minister Narendra Modi

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Certificate ID 76686708716

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shyam Vijay Narwade**
Age / वय	**23**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0371**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21367469901669**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Smt.Padle**
Vaccination At / लसीकरणाचे स्थळ	**Lonar RH, Buldhana, 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	23 Mar 2021	COVISHIELD	4120Z013	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	11 May 2021	COVISHIELD	4121Z052	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	19 Aug 2022	COVISHIELD	4121P51	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 45450465248

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Riddhi Patel**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3683**
Unique Health ID (UHID)	
Beneficiary Reference ID	**62741054046700**
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	**23 Jun 2021**	**18 Sep 2021**	**12 Jun 2022**
Batch Number / बॅच क्रमांक	**4121Z082**	**4121MC053**	**4121P242**
Vaccinated By / यांच्याद्वारे लसीकरण	**Ajit R Ghule**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WP7 Shivsai Mitra Mandal, Pune, Maharashtra**		

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Certificate ID 40637408677

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Jagruti Patil**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Driver's License # MH12 20190052765**
Unique Health ID (UHID)	
Beneficiary Reference ID	**68473585122190**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Pranali Khobragade**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Chatt Shivrai Hos-Bajaj, Pune, 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	**23 Jun 2021**	**COVISHIELD**	**4121Z100**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**01 Oct 2021**	**COVISHIELD**	**4121MF004**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

औषध सुद्धा आणि शिस्त सुद्धा

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Certificate ID 16069257500

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Omkar vinayak mane**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6550**
Unique Health ID (UHID)	
Beneficiary Reference ID	**67571477845350**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Oct 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	27 Jul 2022	COVISHIELD	4121Z281	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shubham Sanjay Mishra**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2550**
Unique Health ID (UHID)	
Beneficiary Reference ID	**5181955820832**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**15 Jul 2021 (Batch no. 4121Z126)**
Vaccinated by / यांच्याद्वारे लसीकरण	**varsha taware**
Vaccination at / लसीकरणाचे स्थळ	**PMC G ORBIS SCHOOL MUNDHWA, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name	**Srushti Rajesh Manek**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX0279**
Unique Health ID (UHID)	**23-0006-2502-3851**
Beneficiary Reference ID	**12869872468610**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**01 Jun 2021 (Batch no. 4121Z085)**
Date of 2nd Dose	**27 Aug 2021 (Batch no. 4121MC065)**
Vaccinated by	**Ankita Pramod Rahate**
Vaccination at	**Acworth Municipal Hosp Wadala**

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Certificate ID **89290240768**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aishwarya Ulhas Mohite**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0631**
Unique Health ID (UHID)	**30-3658-7082-7442**
Beneficiary Reference ID	**85393263720860**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SWATI SISTER**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, 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	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Oct 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 25283969197

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Sadanand Ambatkar**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2189**
Unique Health ID (UHID)	**60-8587-3114-7318**
Beneficiary Reference ID	**29301345373050**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Madhuri Vispute**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Kharadi Hospital, Pune, 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	**14 Jun 2021**	**COVISHIELD**	**4121Z077**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**16 Sep 2021**	**COVISHIELD**	**4121MC080**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**

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Certificate ID 96471704498

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Shrikant Narkhede**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3486**
Unique Health ID (UHID)	
Beneficiary Reference ID	**31172456928750**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**prafulli**
Vaccination At / लसीकरणाचे स्थळ	**KDMCP Om Hospital Dombivli E, Thane, 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	04 Jun 2021	COVISHIELD	4121Z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121Z115	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	05 Jul 2022	COVISHIELD	4121MC169	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Munifa Naz**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3003**
Unique Health ID (UHID)	**44-7077-0151-8167**
Beneficiary Reference ID	**90204411993660**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVAXIN**
Date of 1st Dose / पहिल्या डोसची तारीख	**24 Jul 2021 (Batch no. 37F21075A)**
Next due date / पुढील देय तारीख	**Between 21 Aug 2021 and 04 Sep 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Bhima kamble**
Vaccination at / लसीकरणाचे स्थळ	**PMC G Colonel Young Sch Yerwad, Pune, Maharashtra**

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Certificate ID 65102173306

Beneficiary Details

Beneficiary Name	**Amruta Baldeo More**
Age	**20**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8953**
Unique Health ID (UHID)	**71-4040-0602-6247**
Beneficiary Reference ID	**12471447277000**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Mr Deepak Parihar**
Vaccination At	**MH KIRKEE ONLY ARMY AND ECHS**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	13 Nov 2021	COVISHIELD	4121MC095	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name	**Divya Arvind Narsule**
Age	**20**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX2563**
Unique Health ID (UHID)	
Beneficiary Reference ID	**27787582758130**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**05 Jun 2021 (Batch no. 4121Z085)**
Date of 2nd Dose	**28 Aug 2021 (Batch no. 4121Z115)**
Vaccinated by	**Shobha**
Vaccination at	**Praxis Healthcare**

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Certificate ID 88428786404

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sangram Sanjay Sonawane**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4472**
Unique Health ID (UHID)	**56-1680-8285-5881**
Beneficiary Reference ID	**41541946063660**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**rekha darade**
Vaccination At / लसीकरणाचे स्थळ	**PMC G10 Rajmata Jijau Ma, Pune, 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	12 Sep 2021	COVISHIELD	4121Z129	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	07 Jan 2022	COVISHIELD	4121MF042	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 31694620200

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Spriha Singh**
Age / वय	**24**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Passport # Z4232934**
Unique Health ID (UHID)	**17-8068-3353-5025**
Beneficiary Reference ID	**60372752604020**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**MAMTA TAKSANDE**
Vaccination At / लसीकरणाचे स्थळ	**PMC P Apollo Clinic Vimanngr, Pune, 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	**06 Jun 2021**	**COVISHIELD**	**4121Z077**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**02 Sep 2021**	**COVISHIELD**	**4121P152**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Certificate ID 80447574213

Beneficiary Details

Beneficiary Name	**Suryawad Rutuja Raosaheb**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX5316**
Unique Health ID (UHID)	**66-1408-3137-8372**
Beneficiary Reference ID	**51318970913280**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Smt Vishranti Dhale**
Vaccination At	**UHC Arabgalli Hospi**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	**17 Jul 2021**	**COVISHIELD**	**4121Z128**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**07 Nov 2021**	**COVISHIELD**	**4121Z013M**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Certificate for COVID-19 Vaccination

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Certificate ID 53851141971

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vijayalaxmi Mahendra Suryawanshi**
Age / वय	**23**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9861**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21383544924396**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	**15 May 2021**	**COVISHIELD**	**4121z223**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**25 Sep 2021**	**COVISHIELD**	**4121z223**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
Precaution dose	**27 Jul 2022**	**COVISHIELD**	**4121Z281**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

औषध सुद्धा आणि शिस्त सुद्धा

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Certificate for COVID-19 Vaccination

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Certificate ID 30792774700

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Samruddhi Tambe**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5124**
Unique Health ID (UHID)	
Beneficiary Reference ID	**97938463820310**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SWATI SISTER**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, 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	**17 Jul 2021**	**COVISHIELD**	**4121Z128**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**18 Oct 2021**	**COVISHIELD**	**4121AA032M**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Ministry of Health & Family Welfare
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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shweta Eknath Pharate**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0558**
Unique Health ID (UHID)	**67-8223-4675-5314**
Beneficiary Reference ID	**83556048875300**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**17 Jul 2021 (Batch no. 4121Z128)**
Next due date / पुढील देय तारीख	**Between 09 Oct 2021 and 06 Nov 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Kiran Sister**
Vaccination at / लसीकरणाचे स्थळ	**PMC WPG DY patil Dental school, Pune, Maharashtra**

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Certificate for COVID-19 Vaccination

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Certificate ID 99191714013

Beneficiary Details

Beneficiary Name	**Aishwarya Shivling Raut**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8802**
Unique Health ID (UHID)	
Beneficiary Reference ID	**30789898440850**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Kolekar sarika**
Vaccination At	**RH Mangalwedha MW**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Oct 2021	COVISHIELD	4121MF017	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate for COVID-19 Vaccination

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Certificate ID 22609374811

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunal Umesh Phalke**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6926**
Unique Health ID (UHID)	
Beneficiary Reference ID	**59396682448080**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Mrs.Manisha Kalaskar**
Vaccination At / लसीकरणाचे स्थळ	**PCMCTalera Hospital UHC-2, Pune, 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	08 Jun 2021	COVISHIELD	4121z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121MC080	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rutuja Ramnath Pawar**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3373**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363748947161**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**01 Jul 2021 (Batch no. 4121Z104)**
Next due date / पुढील देय तारीख	**Between 23 Sep 2021 and 21 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Dr. Swapnali Dhoka**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Pritam Hospital, Pune, Maharashtra**

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vrushali ShetE**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0574**
Unique Health ID (UHID)	
Beneficiary Reference ID	**59835445538420**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**05 Jul 2021 (Batch no. 4121Z100)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**30 Oct 2021 (Batch no. 4121MC095)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Dipali Patil**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Dighi Disp CSM School, Pune, Maharashtra**

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Certificate ID 40081020754

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Prajakta Sadashiv Shinde**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**PAN Card # MTAPS8557H**
Unique Health ID (UHID)	
Beneficiary Reference ID	**17287672271290**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**SWATI SISTER**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, 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	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Oct 2021	COVISHIELD	4121AA032M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Aditya Raghu Shingade**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1621**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391826405204**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**24 May 2021 (Batch no. 4121Z079)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**08 Sep 2021 (Batch no. 4121Z205)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Anita Gaikwad**
Vaccination at / लसीकरणाचे स्थळ	**PMC G ZP SCH Lohgaon, Pune, Maharashtra**

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Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kanchan Ravindra Sonawane**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6804**
Unique Health ID (UHID)	**26-8568-3613-4655**
Beneficiary Reference ID	**88217806160090**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**17 Jul 2021 (Batch no. 4121Z128)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**18 Oct 2021 (Batch no. 4121AA032M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**SWATI SISTER**
Vaccination at / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, Maharashtra**

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Government of India

Certificate for COVID-19 Vaccination

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Certificate ID 46013785133

Beneficiary Details

Beneficiary Name	**Trupti Sanjay Balgude**
Age	**22**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX2925**
Unique Health ID (UHID)	
Beneficiary Reference ID	**48162269189500**
Vaccination Status	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By	**Sanket Patil**
Vaccination At	**RurG/BHO/15-18/SDH Bhor**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	**10 Jul 2021**	**COVISHIELD**	**4121Z122**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**18 Oct 2021**	**COVISHIELD**	**4121AA032M**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**
Precaution dose	**29 Jul 2022**	**COVISHIELD**	**4121MF034**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Certificate ID 68799754748

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shivkrishna Krantikar Baile**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0450**
Unique Health ID (UHID)	**78-3736-6202-8362**
Beneficiary Reference ID	**19165621429540**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	
Vaccination At / लसीकरणाचे स्थळ	**PMC G Lohgaon Prathmik Arogya, Pune, 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	**19 Jun 2021**	**COVISHIELD**	**4121Z094**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**11 Sep 2021**	**COVISHIELD**	**4121AA014M**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
Precaution dose	**11 Sep 2021**	**COVISHIELD**	**4121AA014M**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

औषध सुद्धा आणि शिस्त सुद्धा

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- पंतप्रधान

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सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shraddha Ashok Chavan**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX8364**
Unique Health ID (UHID)	
Beneficiary Reference ID	**79294234180450**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**17 Jul 2021 (Batch no. 4121Z128)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**18 Oct 2021 (Batch no. 4121AA032M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**SWATI SISTER**
Vaccination at / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, Maharashtra**

औषध सुद्धा आणि शिस्त सुद्धा

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Certificate ID 68704324608

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Arya Anil Bhutkar**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5353**
Unique Health ID (UHID)	**68-4221-3100-2888**
Beneficiary Reference ID	**32125870651990**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sangeeta Kambale**
Vaccination At / लसीकरणाचे स्थळ	**SDH KARAD 1, Satara, 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	26 Jun 2021	COVISHIELD	4121Z100	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	19 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	28 Jul 2022	COVISHIELD	41212024M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

औषध सुद्धा आणि शिस्त सुद्धा

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

Beneficiary Details

Beneficiary Name	**Ishan Chandorkar**
Age	**20**
Gender	**Male**
ID Verified	**Aadhaar # XXXXXXXX4526**
Unique Health ID (UHID)	**30-3376-7335-7729**
Beneficiary Reference ID	**60436727547760**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**15 Jun 2021 (Batch no. 4121Z085)**
Date of 2nd Dose	**09 Sep 2021 (Batch no. 4121Z112)**
Vaccinated by	**Dr. Pooja**
Vaccination at	**PMC P Healing Hands Cli Dp Rd**

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- Prime Minister Narendra Modi

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Certificate ID 59544460321

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rohini Balu Bhise**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3800**
Unique Health ID (UHID)	**35-2383-6782-7560**
Beneficiary Reference ID	**77338877450580**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	**16 Jul 2021**	**COVAXIN**	**37F21075A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech**
2/2	**30 Aug 2021**	**COVAXIN**	**37H21036A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech**
Precaution dose	**27 Jul 2022**	**COVAXIN**	**37H22056A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**

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- पंतप्रधान

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Hardik Rahul Bhatti

ABHA NUMBER : 37-4700-5634-5103

REF ID	SECRET CODE
697722409 32890	2890
PHOTO ID	ID NUMBER
Aadhaar Card	XXXXXXXX0212
YEAR OF BIRTH	
2000	

DOSE 1 | **COVISHIELD**

PMC P Apollo Clinic Vimanngr , 30 Jun 2021

DOSE 2 Certificate

PMC G Warje Krida Sankul-Bajaj , 28 Sep 2021

PRECAUTION DOSE Schedule

Due date 29-03-2022

FULLY VACCINATED

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Certificate for COVID-19 Vaccination

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Certificate ID 70451518648

Beneficiary Details

Beneficiary Name / లబ్ధిదారుని పేరు	**Devanshi Sharma**
Age / వయస్సు	**21**
Gender / లింగం	**Female**
ID Verified / ఐడి ధృవీకరించబడింది	**Aadhaar # XXXXXXXX5870**
Unique Health ID (UHID)	**16-7106-2871-8088**
Beneficiary Reference ID	**21363508957814**
Vaccination Status / టీకా స్టేటస్	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / టీకాలు వేయించినవారు	**K Krishnaveni**
Vaccination At / టీకాలు వేసిన చోటు	**ZPS Mustabada CVC-PHC, Krishna, Andhra Pradesh**

Dose Number మోతాదు సంఖ్య	Date of Dose మోతాదు తేదీ	Vaccine Name టీకా పేరు	Batch Number బ్యాచ్ నంబరు	Vaccine Type టీకా రకం	Manufacturer తయారీదారు
1/2	27 Mar 2021	COVISHIELD	4121Z029	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Apr 2021	COVISHIELD	4121Z059	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
Precaution dose	05 Feb 2022	COVISHIELD	4121Z280	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- ప్రధానమంత్రి

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shweta Eknath Pharate**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0558**
Unique Health ID (UHID)	**67-8223-4675-5314**
Beneficiary Reference ID	**83556048875300**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**17 Jul 2021 (Batch no. 4121Z128)**
Next due date / पुढील देय तारीख	**Between 09 Oct 2021 and 06 Nov 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Kiran Sister**
Vaccination at / लसीकरणाचे स्थळ	**PMC WPG DY patil Dental school, Pune, Maharashtra**

औषध सुद्धा आणि शिस्त सुद्धा
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- पंतप्रधान श्री. नरेंद्र मोदी

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Certificate ID 99191714013

Beneficiary Details

Beneficiary Name	**Aishwarya Shivling Raut**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8802**
Unique Health ID (UHID)	
Beneficiary Reference ID	**30789898440850**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Kolekar sarika**
Vaccination At	**RH Mangalwedha MW**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Oct 2021	COVISHIELD	4121MF017	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- Prime Minister Narendra Modi

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Certificate ID 22609374811

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunal Umesh Phalke**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6926**
Unique Health ID (UHID)	
Beneficiary Reference ID	**59396682448080**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Mrs.Manisha Kalaskar**
Vaccination At / लसीकरणाचे स्थळ	**PCMCTalera Hospital UHC-2, Pune, 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	08 Jun 2021	COVISHIELD	4121z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121MC080	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rutuja Ramnath Pawar**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3373**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363748947161**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**01 Jul 2021 (Batch no. 4121Z104)**
Next due date / पुढील देय तारीख	**Between 23 Sep 2021 and 21 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Dr. Swapnali Dhoka**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Pritam Hospital, Pune, Maharashtra**

औषध सुद्धा आणि शिस्त सुद्धा
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- पंतप्रधान श्री. नरेंद्र मोदी

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Certificate ID 48945323271

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Nirmiti Kekare**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3199**
Unique Health ID (UHID)	
Beneficiary Reference ID	**35356000770040**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Prashant Nimbalkar**
Vaccination At / लसीकरणाचे स्थळ	**Noble/Hav/Shivam Hospital, Pune, 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	29 Jan 2022	COVISHIELD	4121MF005	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	28 Apr 2022	COVISHIELD	4121MF005	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 96819842096

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swaroop Arun Khakar**
Age / वय	**22**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1617**
Unique Health ID (UHID)	**53-7306-1173-1447**
Beneficiary Reference ID	**48983691586940**
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	**06 May 2021**	**04 Jun 2021**
Batch Number / बॅच क्रमांक	**37F21040A**	**37F21058A**
Vaccinated By / यांच्याद्वारे लसीकरण	**RAJESHRI JADHAV**	
Vaccination At / लसीकरणाचे स्थळ	**Shahapur SDH, Thane, Maharashtra**	

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Certificate ID 44485478091

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Harsh Milind Kulkarni
Age / वय	21
Gender / लिंग	Male
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX0021
Unique Health ID (UHID)	
Beneficiary Reference ID	78142016339230
Vaccination Status / लसीकरण स्थिती	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD	
Vaccine Type / लस प्रकार	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.	
Dose Number / डोस क्रमांक	1/2	2/2
Date of Dose / डोसची तारीख	2021-07-17	2021-10-18
Batch Number / बॅच क्रमांक	4121Z128	4121AA032M
Vaccinated By / यांच्याद्वारे लसीकरण	SWATI SISTER	
Vaccination At / लसीकरणाचे स्थळ	PMC WG DY Patil Dental School, Pune, Maharashtra	

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Certificate ID 58390481148

Beneficiary Details

Beneficiary Name	**Pratiksha Narhari Lokhande**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8463**
Unique Health ID (UHID)	**73-6228-0251-7600**
Beneficiary Reference ID	**64983259438310**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Hinge Ganesha**
Vaccination At	**RurG/SHI/Shirur RH**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	17 Jul 2021	COVISHIELD	41212128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	25 Dec 2021	COVISHIELD	41212237	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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- Prime Minister Narendra Modi

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Certificate ID 12060402651

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Vaishnavi S Lolage**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9323**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391161706720**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**S F Sonavane**
Vaccination At / लसीकरणाचे स्थळ	**Parner RH, Ahmednagar, 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	07 Jun 2021	COVISHIELD	41212D90	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	23 Sep 2021	COVISHIELD	4121MF002	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 92292277998

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Gauri Umesh Gondkar**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5276**
Unique Health ID (UHID)	
Beneficiary Reference ID	**11546584970590**
Vaccination Status / लसीकरण स्थिती	**Partially Vaccinated (1 Dose)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Girija Datal**
Vaccination At / लसीकरणाचे स्थळ	**Nagapur UHC(18 To 44 Years), Ahmednagar, Maharashtra**
Next Dose Due / पुढील देय तारीख	**Between 22 Oct 2021 and 19 Nov 2021**

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	**30 Jul 2021**	**COVISHIELD**	**4121MC035**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**

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Certificate ID 88417570642

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Prince Sushil Bhansali**
Age / वय	**20**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0729**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21391675228717**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**JITENDRA KOTHARI**
Vaccination At / लसीकरणाचे स्थळ	**Surabhi Hospital 2(Corp), Ahmednagar, 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	24 May 2021	COVISHIELD	4121Z043	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	26 Aug 2021	COVISHIELD	4121Z110	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shruti Suresh Sallyan**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1258**
Unique Health ID (UHID)	
Beneficiary Reference ID	**87817420697290**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**17 Jul 2021 (Batch no. 4121Z128)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**18 Oct 2021 (Batch no. 4121AA032M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**SWATI SISTER**
Vaccination at / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, Maharashtra**

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Certificate ID 86483741031

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Omkar Nansaheb Shelke**
Age / वय	**21**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2828**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363613116555**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**DR AJAY POTAN**
Vaccination At / लसीकरणाचे स्थळ	**RurG/DAU/PHCDevBoibel/SC 2, Pune, 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	02 Jul 2021	COVISHIELD	4121MC019	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	18 Nov 2021	COVISHIELD	4121MC100	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 16570970403

Beneficiary Details

Beneficiary Name	**Aishwarya Balaji Shekapure**
Age	**20**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX4918**
Unique Health ID (UHID)	**53-8852-0516-4148**
Beneficiary Reference ID	**74418933805830**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name	**COVISHIELD**	
Vaccine Type	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer	**Serum Institute of India Pvt. Ltd.**	
Dose Number	**1/2**	**2/2**
Date of Dose	**17 Jul 2021**	**05 Nov 2021**
Batch Number	**4121Z128**	**4121Z008M**
Vaccinated By	**Manda Lokhande**	
Vaccination At	**PCMC Jadhavwadi PCMC School**	

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Certificate ID 79678267523

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ruhma Arif Shaikh**
Age / वय	**19**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4732**
Unique Health ID (UHID)	**54-2517-6132-8438**
Beneficiary Reference ID	**45408857985020**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**	
Vaccine Type / लस प्रकार	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer / उत्पादक	**Serum Institute of India Pvt. Ltd.**	
Dose Number / डोस क्रमांक	**1/2**	**2/2**
Date of Dose / डोसची तारीख	**2021-07-17**	**2021-10-18**
Batch Number / बॅच क्रमांक	**4121Z128**	**4121AA032M**
Vaccinated By / यांच्याद्वारे लसीकरण	**SWATI SISTER**	
Vaccination At / लसीकरणाचे स्थळ	**PMC WG DY Patil Dental School, Pune, Maharashtra**	

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Fully Vaccinated : 2nd Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sawant Rohini Bharat**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4130**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21385698474196**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of 1st Dose / पहिल्या डोसची तारीख	**14 Jun 2021 (Batch no. 4121z090)**
Date of 2nd Dose / दुसऱ्या डोसची तारीख	**27 Sep 2021 (Batch no. 4121Z002M)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Wagh J. B.**
Vaccination at / लसीकरणाचे स्थळ	**District SGGS DH COVAXIN, Nanded, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Jhawar Akshita Ramkishor**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9642**
Unique Health ID (UHID)	**22-6330-1010-6781**
Beneficiary Reference ID	**15681008809070**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	15 Jul 2021	COVAXIN	37121010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	26 Aug 2021	COVAXIN	37121027A	COVID-19 vaccine, inactivated virus	Bharat Biotech
Precaution dose	27 Jul 2022	COVAXIN	37H22056A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Certificate ID 59651823160

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Parvati Basavaraj Halageri**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1176**
Unique Health ID (UHID)	**63-5558-3651-5368**
Beneficiary Reference ID	**50977033246290**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**MANDAKINI KAVITKE**
Vaccination At / लसीकरणाचे स्थळ	**PMC G Jayabai Sutar Hospital, Pune, 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	15 Jul 2021	COVAXIN	37121010A	COVID-19 vaccine, inactivated virus	Bharat Biotech
2/2	26 Aug 2021	COVAXIN	37121027A	COVID-19 vaccine, inactivated virus	Bharat Biotech

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Fully Vaccinated : **2nd Dose**

Beneficiary Details

Beneficiary Name	**Saniya Iliyas Jamna**
Age	**20**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8815**
Unique Health ID (UHID)	
Beneficiary Reference ID	**34406363833880**

Vaccination Details

Vaccine Name	**COVISHIELD**
Date of 1st Dose	**17 Jul 2021 (Batch no. 4121Z128)**
Date of 2nd Dose	**01 Nov 2021 (Batch no. 4121MF017)**
Vaccinated by	**Neral PHC**
Vaccination at	**PHC Neral KARJAT**

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Certificate ID 78194403414

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunal Vijay Kamble**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7270**
Unique Health ID (UHID)	
Beneficiary Reference ID	**31415512429240**
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	**2021-06-07**	**2021-09-09**
Batch Number / बॅच क्रमांक	**4121Z077**	**4121Z205**
Vaccinated By / यांच्याद्वारे लसीकरण	**SUJATA PAWAR**	
Vaccination At / लसीकरणाचे स्थळ	**PMC G Premchand Oswal Hosp, Pune, Maharashtra**	

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Certificate ID 48222021410

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sakshi Chetan Kanpile**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1629**
Unique Health ID (UHID)	**52-3113-4507-0153**
Beneficiary Reference ID	**45964387030190**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**POONAM CHOUNDE**
Vaccination At / लसीकरणाचे स्थळ	**PCMC Nilu Phule Natyagruh PCMC, Pune, 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	10 Jul 2021	COVISHIELD	4121MC007	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	28 Oct 2021	COVISHIELD	4121Z008M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shweta Eknath Pharate**
Age / वय	**22**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0558**
Unique Health ID (UHID)	**67-8223-4675-5314**
Beneficiary Reference ID	**83556048875300**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**17 Jul 2021 (Batch no. 4121Z128)**
Next due date / पुढील देय तारीख	**Between 09 Oct 2021 and 06 Nov 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Kiran Sister**
Vaccination at / लसीकरणाचे स्थळ	**PMC WPG DY patil Dental school, Pune, Maharashtra**

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Certificate ID 99191714013

Beneficiary Details

Beneficiary Name	**Aishwarya Shivling Raut**
Age	**21**
Gender	**Female**
ID Verified	**Aadhaar # XXXXXXXX8802**
Unique Health ID (UHID)	
Beneficiary Reference ID	**30789898440850**
Vaccination Status	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By	**Kolekar sarika**
Vaccination At	**RH Mangalwedha MW**

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1/2	17 Jul 2021	COVISHIELD	4121Z128	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	29 Oct 2021	COVISHIELD	4121MF017	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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Certificate ID 22609374811

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mrunal Umesh Phalke**
Age / वय	**21**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6926**
Unique Health ID (UHID)	
Beneficiary Reference ID	**59396682448080**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Mrs.Manisha Kalaskar**
Vaccination At / लसीकरणाचे स्थळ	**PCMCTalera Hospital UHC-2, Pune, 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	08 Jun 2021	COVISHIELD	4121z077	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	15 Sep 2021	COVISHIELD	4121MC080	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Rutuja Ramnath Pawar**
Age / वय	**20**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3373**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363748947161**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**01 Jul 2021 (Batch no. 4121Z104)**
Next due date / पुढील देय तारीख	**Between 23 Sep 2021 and 21 Oct 2021**
Vaccinated by / यांच्याद्वारे लसीकरण	**Dr. Swapnali Dhoka**
Vaccination at / लसीकरणाचे स्थळ	**PCMC Pritam Hospital, Pune, Maharashtra**

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LIST OF FACULTIES VACCINATED FOR COVID 19			
SR NO	NAME	1ST DOSE	2ND DOSE
1	DR. ANAND SHIGLI		
2	DR. KAMAL SHIGLI		
3	DR. PAULAMI BAGCHI		
4	DR. BIPIN MULE		
5	DR. ASHISH BHAGAT		
6	DR.ISHITA JAKHANWAL		
7	DR. MALYA AKKOTTILAM		
8	DR.SANKET JADHAV		
9	DR.AKSHAY DARADE		
10	DR. GAYATRI DEOKAR		
11	DR. VEERVARDHAN PATIL		
12	DR.ABHIJEET BAGALKOT		
13	DR.CHARUTA BAHULEKAR		
14	DR. PRADEEP SHETTY		
15	DR. KIRAN KESWANI		
16	DR. VINOD KAMBLI		
17	DR. DIVYA DUDULWAR		
18	DR.ANUJA HAKKEPATIL		
19	DR.KAVITA SONAWANE		
20	DR. DIVYA GUPTA		
21	DR.SHRADDHA NAHAR		
22	DR.SABINA SHAIKH		
23	DR. JIVIKA MATKAR		
24	DR. NISHITA KULKARNI		
25	DR.PRAJAKTA SANAP		
26	DR. HRISHIKESH JOSHI		
27	DR. PRASAD KARANDE		
28	DR. MRINAL SHETE		
29	DR. RUCHA GORE		
30	DR. VIKRAM KARANDE		
31	DR. KAPIL KSHIRSAGAR		
32	DR. PRATIK HANDE		
33	DR. VAISHALI PAGARE		
34	DR.NEHA HARANKHEDKAR		
35	DR.VIBHA VASWANI		
36	DR. SUJAY BHAVE		
37	DR. GIRISH BAYKOD		
38	DR. PARAG HADGE		
39	DR. RAKESH MUTHA		
40	DR. SACHIN BHAGAT		
41	DR. ANUJA MOHARIR		
42	DR. PREETI MISHRA		
43	DR. POOJA PAWAR		

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44	DR. SANDEEP JETHE		
45	DR. VARSHA MERANI		
46	DR. SHAILESH DONGRE		
47	DR. ARUN MHASKE		
48	DR. SUYOG SHENDAGE		
49	DR. JAYASHREE MANIKANDAN		
50	DR.AKSHAY PARMAR		
51	DR.RUCHI SONAWANE		
52	DR. DEVAL CHOUKHE		
53	DR.VANESSA VARGHESE		
54	DR. PRITESH GAWALI		
55	DR. GEETANJALI JADHAV		
56	DR.MUKUL JOSHI		
57	DR. ANIRBAN CHATTERJEE		
58	DR.PAWAN HERKAR		
59	DR. SONIYA RAHEJA		
60	DR. VARTIKA VAISHISTHA	Vertika	Vertika
61	DR. ANAGHA SHETE		
62	DR.ABHIJEET SANDE		
63	DR. ASHWINI NERKAR		
64	DR. SHADAB FARHA		
65	DR.UMESH PHAD		
66	DR. PRANALI BAHADURE		
67	DR. KARIBASAPPA G.N.		
68	DR. SHRIRAM KULKARNI		
69	DR.PRAKASH GAIKWAD		
70	DR.JAYASHREE HANDE		
71	DR.NAMITA SHARMA		
72	DR. SMRUTI VENKATRAMAN		
73	DR. POOJA PARADHI		
74	DR. ARTI HAJARNAVIS		
75	MS. CHHAYA JAWLIKAR		
76	DR. PRADNYA ROTITHOR		
77	DR. SWATI JOSHI		
78	MRS. SHAILAJA PANHALKAR		
79	MR. RAVINDRA PANHALKAR		
80	DR. SUNITA BAMANIKAR		
81	DR.SAMEER RAMA		
82	DR.BASET HAKIM		
83	DR.KASTURI KARANDE		
84	DR. SANJAY RANADE		
85	DR. ASHISHKUMAR SHRIVASTAVA		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Anand Lingaraj Shigli**
Age / वय	**55**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5033**
Unique Health ID (UHID)	**11-3681-0023-0547**
Beneficiary Reference ID	**21363202090645**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination At / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, 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	24 Mar 2021	COVISHIELD	4121Z020	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	13 May 2021	COVISHIELD	4121Z071	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 69210753376

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kamal Anand Shigli**
Age / वय	**53**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0255**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363942763299**
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	**2021-03-18**	**2021-04-19**
Batch Number / बॅच क्रमांक	**37F21001A**	**37F21011A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Kavita Telang**	
Vaccination At / लसीकरणाचे स्थळ	**Covaxin Rajiv Gandhi Hospit, Pune, 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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Ministry of Health & Family Welfare
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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	ABHIJEET BAGALKOT
Age / वय	30
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Certificate ID 61506932325

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	**Pawan Pramodrao Herkar**
Age / ವಯಸ್ಸು	**29**
Gender / ಲಿಂಗ	**Male**
ID Verified / ಐ.ಡಿ. ಗುರುತು	**Aadhaar # XXXXXXXX5521**
Unique Health ID (UHID)	
Beneficiary Reference ID	**16294621192371**
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	**COVISHIELD**	
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer / ತಯಾರಕರು	**Serum Institute of India**	
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	**1/2**	**2/2**
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	**2021-02-07**	**2021-03-12**
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	**4120Z015**	**4120Z015**
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	**Sumithramma C**	
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	**Jayaprakashnagara UPHC, BBMP, Karnataka**	

“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು, ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

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Certificate ID 285506584

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**PRATIK HANDE**
Age / वय	**38**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**PAN Card # AFBPH7430K**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363222447792**
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	**19 Jan 2021**	**25 Feb 2021**
Batch Number / बॅच क्रमांक	**4120Z012**	**4120Z013**
Vaccinated By / यांच्याद्वारे लसीकरण	**Usha Gajakosh**	
Vaccination At / लसीकरणाचे स्थळ	**Yerwada Late. Rajiv Gandhi Hos, Pune, Maharashtra**	

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Certificate ID 92091230958

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Pradnya Pandurang Rotithor**
Age / वय	**62**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXXCard**
Unique Health ID (UHID)	**66-1117-0600-0326**
Beneficiary Reference ID	**21363190737779**
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	**08 Feb 2021**	**08 Mar 2021**	**01 Apr 2022**
Batch Number / बॅच क्रमांक	**4120Z012**	**4120Z013**	**4121P247**
Vaccinated By / यांच्याद्वारे लसीकरण	**supriya chabukswar**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WP7 Siipl - Vpmh, Pune, Maharashtra**		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Divya Gaurav Dudulwar**
Age / वय	**32**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX6283**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363965913451**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**30 Apr 2021 (Batch no. 4121Z061)**
Vaccinated by / यांच्याद्वारे लसीकरण	**KAVITA ATHWAL**
Vaccination at / लसीकरणाचे स्थळ	**Chattrapati Shivrai Hospital, Pune, Maharashtra**

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Certificate ID 73911865976

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**vinod annappa kambli**
Age / वय	**45**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX2431**
Unique Health ID (UHID)	**17-2321-6507-1382**
Beneficiary Reference ID	**21363266797747**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	**15 Mar 2021**	**COVISHIELD**	**4120Z013**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**30 Apr 2021**	**COVISHIELD**	**4121Z061**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
Precaution dose	**27 Jul 2022**	**COVISHIELD**	**4121Z281**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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Certificate ID 34775672578

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Mugdha Laxmikant Bichile**
Age / वय	**26**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7376**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21376435617615**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shobha Zade**
Vaccination At / लसीकरणाचे स्थळ	**Krishna Hospital Karad 2, Satara, 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	09 Mar 2021	COVISHIELD	4121Z003	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	26 Apr 2021	COVISHIELD	4121Z057	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Abhijeet Rajendra Sande**
Age / वय	**35**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**PAN Card # FEAPS6234H**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21376469689603**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**11 Jul 2021 (Batch no. 4121Z122)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Purnavati Vasave**
Vaccination at / लसीकरणाचे स्थळ	**SDH KARAD 2, Satara, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kapil Anil Kshirsagar**
Age / वय	**39**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**PAN Card # BNGPK7526R**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21363829984307**
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	**17 Jan 2021**	**25 Feb 2021**	**23 Apr 2022**
Batch Number / बॅच क्रमांक	**4120Z012**	**4120Z013**	**4121P242**
Vaccinated By / यांच्याद्वारे लसीकरण	**NILESH SWAMI**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WP2 Mangeshi Diagnostic Ce, Pune, 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 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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Beneficiary Details

Beneficiary Name / लाभार्थी का नाम
Akkottillam Malya

Age / उम्र
32

Gender / लिंग
Female

ID Verified / पहचान पत्र सत्यापित
Aadhaar # XXXXXXXX8352

Beneficiary Reference ID
21363897732727

Residing at / पता
NA

Vaccination Details

Vaccine Name / वैक्सीन का नाम
COVAXIN

Date of Dose / खुराक की तारीख
16 Apr 2021 (Batch no. 37F21001A)

Vaccinated by / टीका लगाने वाले का नाम
MRS.SMITA FADTARE

Vaccination at / टीकाकरण का स्थान
SAISHREE HOSPITAL, Pune
Maharashtra

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- Prime Minister Narendra Modi

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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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Government of India

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for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम
Neha Abhinay Harankhedkar

Age / उम्र
34

Gender / लिंग
Female

ID Verified / पहचान पत्र सत्यापित
Aadhaar # XXXXXXXXCard

Beneficiary Reference ID
21365898726508

Residing at / पता
NA

Vaccination Details

Vaccine Name / वैक्सीन का नाम
COVAXIN

Date of Dose / खुराक की तारीख
17 Apr 2021 (Batch no. 37F21011A)

Vaccinated by / टीका लगाने वाले का नाम
Dr Ashish Nimje

Vaccination at / टीकाकरण का स्थान
GMC Site A Ward No 49, Nagpur
Maharashtra

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

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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
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DR. ASHISH BHAGAT
Age / वय	36
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Certificate ID 46403528182

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Kulkarni Shriram Gururaj**
Age / वय	**30**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9251**
Unique Health ID (UHID)	
Beneficiary Reference ID	**21376180139271**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Shobha Zade**
Vaccination At / लसीकरणाचे स्थळ	**Krishna Hospital Karad 2, Satara, 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	06 Mar 2021	COVISHIELD	4120Z012	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	20 Apr 2021	COVISHIELD	4121Z039	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India

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Certificate ID 28051508110

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**dr Geetanjali jeevan jadhav**
Age / वय	**34**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3130**
Unique Health ID (UHID)	**67-7518-5005-8064**
Beneficiary Reference ID	**21363888290327**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sahira Shaikh**
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G10 Annabhau Sathe K, Pune, 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	17 Mar 2021	COVAXIN	37F21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
2/2	20 Apr 2021	COVAXIN	37F21010A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India
Precaution dose	03 Mar 2022	COVAXIN	37H21134A	COVID-19 vaccine, inactivated virus	Bharat Biotech, India

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DR AKSHAY DARADE
Age / वय	32
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Certificate ID 41762999339

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Ravindra Rangrao Panhalkar**
Age / वय	**48**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX4749**
Unique Health ID (UHID)	**48-1472-7147-4077**
Beneficiary Reference ID	**21363617002462**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	**18 Mar 2021**	**COVAXIN**	**37F21001A**	**COVID-19 vaccine, inactivated virus**	**undefined**
2/2	**21 Apr 2021**	**COVAXIN**	**37F21011A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech**
Precaution dose	**27 Jul 2022**	**COVAXIN**	**37H22056A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Arun Rameshwar Mhaske**
Age / वय	**38**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7804**
Unique Health ID (UHID)	**18-5322-7372-1649**
Beneficiary Reference ID	**21363327412828**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**07 May 2021 (Batch no. 4121Z066)**
Vaccinated by / यांच्याद्वारे लसीकरण	**KAVITA ATHWAL**
Vaccination at / लसीकरणाचे स्थळ	**Chattrapati Shivrai Hospital, Pune, Maharashtra**

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Certificate ID 37507465837

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**pritesh namdeo gawali**
Age / वय	**34**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX5629**
Unique Health ID (UHID)	**68-0446-0672-3630**
Beneficiary Reference ID	**21363614522870**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Sahira Shaikh**
Vaccination At / लसीकरणाचे स्थळ	**Bajaj PMC G10 Annabhau Sathe K, Pune, 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	**17 Mar 2021**	**COVAXIN**	**37F21010A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**
2/2	**20 Apr 2021**	**COVAXIN**	**37F21010A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**
Precaution dose	**03 Mar 2022**	**COVAXIN**	**37H21134A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VEERVARDHAN PATIL
Age / वय	27
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Certificate ID 97941190028

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shailaja Ravindra Panhalkar**
Age / वय	**48**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3066**
Unique Health ID (UHID)	**33-2416-6571-8467**
Beneficiary Reference ID	**21363653292588**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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	**18 Mar 2021**	**COVAXIN**	**37F21001A**	**COVID-19 vaccine, inactivated virus**	**undefined**
2/2	**21 Apr 2021**	**COVAXIN**	**37F21011A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech**
Precaution dose	**27 Jul 2022**	**COVAXIN**	**37H22056A**	**COVID-19 vaccine, inactivated virus**	**Bharat Biotech, India**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DR.SANKET JADHAV
Age / वय	30
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Certificate ID 56112787768

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Swati Yogesh Joshi**
Age / वय	**49**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX9674**
Unique Health ID (UHID)	**44-2730-3064-7441**
Beneficiary Reference ID	**21363226989543**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Pallavi Mane**
Vaccination At / लसीकरणाचे स्थळ	**PMC P2 Apollo Spectra Sanas G, Pune, 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	**15 Mar 2021**	**COVISHIELD**	**4120Z013**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**
2/2	**05 May 2021**	**COVISHIELD**	**4121Z066**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**
Precaution dose	**15 Apr 2022**	**COVISHIELD**	**4121P216**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

औषध सुद्धा आणि शिस्त सुद्धा

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

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	ANUJA MOHARIR
Age / वय	30
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Certificate for COVID-19 Vaccination

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

Certificate ID 22833421686

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Bipin Yeshwantrao Muley**
Age / वय	**39**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX0780**
Unique Health ID (UHID)	**72-3511-3330-7769**
Beneficiary Reference ID	**21363951583315**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

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**	**Precaution dose**
Date of Dose / डोसची तारीख	**15 Mar 2021**	**20 Apr 2021**	**27 Jul 2022**
Batch Number / बॅच क्रमांक	**37F21001A**	**37F21010A**	**37H22056A**
Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, Maharashtra**		

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DR. GAYATRI DEOKAR
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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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 27909709899

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**paulami bagchi**
Age / वय	**44**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1023**
Unique Health ID (UHID)	**17-3307-4888-4477**
Beneficiary Reference ID	**21363455636871**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

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**	**Precaution dose**
Date of Dose / डोसची तारीख	**17 Mar 2021**	**20 Apr 2021**	**04 Jun 2022**
Batch Number / बॅच क्रमांक	**37F21010A**	**37F21010A**	**37H22076A**
Vaccinated By / यांच्याद्वारे लसीकरण	**SAYALI**		
Vaccination At / लसीकरणाचे स्थळ	**PMC WP13 Amdocs Devlopment Cen, Pune, Maharashtra**		

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DR.ISHITA JAKHANWAL
Age / वय	40
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	CHARUTA BAHULEKAR
Age / वय	30
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	PRADEEP SHETTY
Age / वय	46
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	KIRAN KESWANI
Age / वय	43
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	KAVITA SONAWANE
Age / वय	38
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7736
Unique Health ID (UHID)	24-2064-8851-3420
Beneficiary Reference ID	21363865452552

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	10 May 2021 (Batch no. 4121Z063)
Vaccinated by / यांच्याद्वारे लसीकरण	Taramati Devkatte
Vaccination at / लसीकरणाचे स्थळ	Gangaram Karne Hospital, Pune, Maharashtra

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DIVYA GUPTA
Age / वय	33
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SHRADDHA NAHAR
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SABINA SHAIKH
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, 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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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	JIVIKA MATKAR
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	NISHITA KULKARNI
Age / वय	33
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	PRAJAKTA SANAP
Age / वय	32
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Shailesh Babarao Dongre**
Age / वय	**38**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	HRISHIKESH JOSHI
Age / वय	27
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	RUCHA GORE
Age / वय	32
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VIKRAM KARANDE
Age / वय	47
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VAISHALI PAGARE
Age / वय	38
Gender / लिंग	Female
ID Verified / ओळखपत्र	Aadhaar # XXXXXXXX7736
Unique Health ID (UHID)	24-2064-8851-3420
Beneficiary Reference ID	21363865452552

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of Dose / डोसची तारीख	10 May 2021 (Batch no. 4121Z063)
Vaccinated by / यांच्याद्वारे लसीकरण	Taramati Devkatte
Vaccination at / लसीकरणाचे स्थळ	Gangaram Karne Hospital, Pune, Maharashtra

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Sandeep Atmaramji Jethe**
Age / वय	**40**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX3938**
Unique Health ID (UHID)	**24-0066-1178-1021**
Beneficiary Reference ID	**21363283107676**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**12 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Nanda Dake**
Vaccination at / लसीकरणाचे स्थळ	**Indrayaninagar Krida Sankul, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VIBHA VASWANI
Age / वय	35
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SUJAY BHAVE
Age / वय	30
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	GIRISHBAYKOD
Age / वय	52
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	PARAG HADGE
Age / वय	46
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, 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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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	RAKESH MUTHA
Age / वय	39
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SACHIN BHAGAT
Age / वय	37
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	PREETI MISHRA
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	JAYASHREE MANIKANDAN
Age / वय	30
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	AKSHAY PARMAR
Age / वय	30
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	RUCHI SONAWANE
Age / वय	27
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	DEVAL CHOUKHE
Age / वय	26
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VANESSA VARGHESE
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**MUKUL JOSHI**
Age / वय	45
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	ANIRBAN CHATTERJEE
Age / वय	33
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SONIYA RAHEJA
Age / वय	27
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	VARTIKA VAISHISTHA
Age / वय	28
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	ANAGHA SHETE
Age / वय	43
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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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 20274129914

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Suyog Shankar Shendage**
Age / वय	**34**
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX1238**
Unique Health ID (UHID)	**17-6332-2561-2158**
Beneficiary Reference ID	**21363484043656**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses) and a Precaution Dose**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**Punam Gurakha**
Vaccination At / लसीकरणाचे स्थळ	**PMC WG14 Dental School, Pune, 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**	**COVISHIELD**	**4121Z003**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**07 May 2021**	**COVISHIELD**	**4121Z066**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
Precaution dose	**27 Jul 2022**	**COVISHIELD**	**4121Z281**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India Pvt. Ltd.**

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

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SHADAB FARHA
Age / वय	36
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Umesh Phad
Age / वय	32
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	PRANALI BAHADURE
Age / वय	27
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	KARIBASAPPA G.N.
Age / वय	50
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	PRAKASH GAIKWAD
Age / वय	32
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	JAYASHREE HANDE
Age / वय	37
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	NAMITA SHARMA
Age / वय	39
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Government of India

Certificate for COVID-19 Vaccination

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

Certificate ID 67398245754

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	**Dr. Varsha Merani**
Age / वय	**36**
Gender / लिंग	**Female**
ID Verified / ओळखपत्र	**Voter ID # XCT3513355**
Unique Health ID (UHID)	
Beneficiary Reference ID	**38495255061040**
Vaccination Status / लसीकरण स्थिती	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccinated By / यांच्याद्वारे लसीकरण	**kalpana jadhav**
Vaccination At / लसीकरणाचे स्थळ	**PMC WP Brahma Fresidency Soci, Pune, 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	**13 Jun 2021**	**COVISHIELD**	**4121Z085**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**
2/2	**05 Sep 2021**	**COVISHIELD**	**4121Z129**	**COVID-19 vaccine, non-replicating viral vector**	**Serum Institute of India**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SMRUTI VENKATRAMAN
Age / वय	32
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	POOJA PARADHI
Age / वय	36
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	ARTI HAJARNAVIS
Age / वय	47
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, 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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Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	CHHAYA JAWLIKAR
Age / वय	43
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SUNITA BAMANIKAR
Age / वय	53
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SAMEER RAMA
Age / वय	54
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	BASET HAKIM
Age / वय	44
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	KASTURI KARANDE
Age / वय	35
Gender / लिंग	Female
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	SANJAY RANADE
Age / वय	57
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	ASHISHKUMAR SHRIVASTAVA
Age / वय	49
Gender / लिंग	**Male**
ID Verified / ओळखपत्र	**Aadhaar # XXXXXXXX7736**
Unique Health ID (UHID)	**24-2064-8851-3420**
Beneficiary Reference ID	**21363865452552**

Vaccination Details

Vaccine Name / लसीचे नाव	**COVISHIELD**
Date of Dose / डोसची तारीख	**10 May 2021 (Batch no. 4121Z063)**
Vaccinated by / यांच्याद्वारे लसीकरण	**Taramati Devkatte**
Vaccination at / लसीकरणाचे स्थळ	**Gangaram Karne Hospital, Pune, Maharashtra**

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Covid-19 Vaccination Drive

Non-Teaching Staff

S.No	Name	Dose 1 (17/7/21)	Dose 2 (18/10/21)
1.	Mangesh Patil		
2.	Sheela Pandit		
3.	Omkar Patil		
4.	Prithviraj Dalvi		
5.	Sapna Jagtap		
6.	Apeksha Pathare		
7.	Sanket Landhghe		
8.	Sangeeta Jadhav		
9.	Rupali Padale		
10.	Sunita Bhave		
11.	Amol Sawant		
12.	Yogita Manwa		
13.	Nirmala Jagtap		
14.	Maruti Mundhe		
15.	Pramod Bhor		
16.	Rupesh Bhadarge		
17.	Manisha Dandagwhal		

18.	Gorakshanath Dandagwhal		
19.	Kishore Tawaskar		
20.	Sunita Chawan		
21.	Asha Khandwe		
22.	Nirmala Dukare		
23.	Newton Paul Kolkar		
24.	Sumitrabai Munde		
25.	Shraddha Mohite		
26.	Sonali Desai		
27.	Asha Nikalje		
28.	Prashant Jadhav		
29.	Mandakini Vithkar		
30.	Jayshree Nimbalkar		

D.Y Patil Dental School

List of students vaccinated For Hepatitis- B

Batch 2018-19

Sr. No	Name	Dose 1 17/02/18	Dose 2 8/8/18	Dose 3 9/11/18	Doctor's Sign
1	AJMERA KRISHNA SHRINIVAS	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
2	AJREKAR IFTISAM ABDULGAFFAR	Administered	Administered	Administered	
3	ASHTE SWARAJ GOPAL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
4	AWHALE ANKITA ASHOK	Administered	Administered	Administered	
5	BANDEBUCHE LAKSHMI RAJESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
6	BHASGE PRASHANT UMAKANT	Administered	Administered	Administered	
7	BHIMANI PRIYANSH MANILAL	Administered	Administered	Administered	
8	BINGLE ANUJA RAMESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
9	CHHEDA REET RAJESH	Administered	Administered	Administered	
10	CHOTHE VAIBHAV ANAND	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
11	DEGLURKAR NIDHI JAYANT	Administered	Administered	Administered	

12	DEOLE NISHIKA	Administered	Administered	Administered	
13	DESHMUKH ISHWARI HEMANTRAO	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
14	DESHMUKH URVASHI MANISHRAO	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
15	DESHPANDE AKSHADA AVINASH	Administered	Administered	Administered	
16	DHAIGUDE SNEHAL HIMMATRAO	Administered	Administered	Administered	
17	DHAYBAR SHREYA SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
18	DOLE RUTA PRAMOD	Administered	Administered	Administered	
19	DUBE SHREYA SANJAY	Administered	Administered	Administered	
20	EDLAWAR APOORVA SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
21	FUNDE SNEHA JAGANNATH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
22	GAIKWAD PARINAYA NANDKUMAR	Administered	Administered	Administered	
23	GAIKWAD POOJA MADHUSUDAN	Administered	Administered	Administered	
24	GHORSADE PRANALI BANDU	Administered	Administered	Administered	
25	GUPTA ARUSH	Administered	Administered	Administered	

26	GURAV DIPTI SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
27	GUTTE VARSHA ANKUSHRAO	Administered	Administered	Administered	
28	HANGE ANUJA SHIVRAJ	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
29	JAGTAP KOMAL DEEPAK	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
30	KACHAVE PALLAVI	Administered	Administered	Administered	
31	KADAM GAUTAMI	Administered	Administered	Administered	
32	KADAM POOJA SUNIL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
33	KADAM SHIVANI	Administered	Administered	Administered	
34	KANASE RACHANA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
35	KARADKHELE ADITI	Administered	Administered	Administered	
36	KEDAR PRIYANKA	Administered	Administered	Administered	
37	KHADE PUSHPAK	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
38	KHADE SHITAL	Administred	Administered	Administered	
39	KSHIRSAGAR RAHUL	Administered	Administered	Administered	

40	KHODKE RITA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
41	KOKATE AKSHAY	Administered	Administered	Administered	
42	KOLHE SHIVANI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
43	KULKARNI SHRUTI	Administered	Administered	Administered	
44	KUMBHAR TANVI	Administered	Administered	Administered	
45	LOHTIA VISHAKHA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	dr
46	LONDHE NEHA	Administered	Administered	Administered	
47	MAHAJAN PIYUSH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
48	MAHIRCHANDANI DIVYA	Administered	Administered	Administered	
49	MATHPATI RUTUJA	Administered	Administered	Administered	
50	MATHURVAISHYA UNNATI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	dr
51	MAURYA ANURAG	Administered	Administered	Administered	
52	MAURYA MONIKA	Administered	Administered	Administered	
53	MEHARE KSHITIJA	Administered	Administered	Administered.	

54	MENGHANI NIKHIL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
55	MISHRA ADARSH	Administered	Administered	Administered	
56	MUDSINGE ANKITA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
57	NADARGE MADURA	Administered	Administered	Administered	
58	NAGAONKAR SAMRUDDHI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
59	NAIK DIVYA	Administered	Administered	Administered	
60	NARAWADE HEMANGI	Administered	Administered	Administered	
61	NARDE SHALMALI	Administered	Administered	Administered	
62	NIKAM PRATIKSHA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
63	OSTWAL BHAVNA	Administered	Administered	Administered	
64	PADSALGI KOMAL	Administered	Administered	Administered	
65	PANCHAL SHRIYASH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
66	PANADE SACHIN	Administered	Administered	Administered	
67	PATIL DIVYA	Administered	Administered	Administered	

68	PATIL KOMAL NANDLAL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
69	PATIL KRUTIKA KAILASH	Administered	Administered	Administered	
70	PATIL KRUTIKA KAILASH	Administered	Administered	Administered	
71	PATIL LEENA SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
72	PATIL PRANAV ADAGONDA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
73	PATIL PORNIMA SANJAY	Administered	Administered	Administered	
74	PATIL RUPAL RAMDAS	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
75	PATIL SANIKA GIRISH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
76	RAJAGOPAL ANSHIKA	Administered	Administered	Administered	
77	RANKAWAT ROSHNI NANDKISHOR	Administered	Administered	Administered	
78	RAUT MONIKA KAILAS	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
79	RAUT UZAIR ZAHID	Administered	Administered	Administered	
80	ROY TANYA	Administered	Administered	Administered	
81	SARSWAT QASHISH ANIL	Administered	Administered	Administered	

82	SAWANT VARSHA SANDIPAN	Administered	Administered	Administered	
83	SAXENA MUSKAAN SHAH DEEP NIRAV	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
84	SHARMA PRACHI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
85	SHELKE MUKTA PRAMOD	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
86	SHINDE SHUBHAM DILIP	Administered	Administerd	Administered	
87	SHINDE KOMAL SANJAY	Administerd	Administerd	Administerd	
88	SHINDE SHRADHDA LAXMAN	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
89	SOLANKE KRISHNA SHAMSUNDAR	Administerd	Administerd	Administered	
90	SONAR NEIL SAMEER	Administered	Administerd	Administered	
91	SURAKSHYA SHRUTI	Administerd	Administerd	Administered	
92	TAMBE NEHA YOGANAND	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
93	THAKUR NIRANJAN SINGH	Administerd	Administerd	Administerd	
94	TRIPATHI VAISHNAVI	Administered	Administerd	Administerd	
95	MANJIRI RAGHUNATH VIDHATE	Administered	Administerd	Administered	

96	WAGHMODE SHIVANI SOMESHWAR	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
97	ZAVAR HARSHALI PRAVIN	Administerd	Administerd	Administerd	
98	ZOTE ASHWIN ANAND	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
99	LONDHE AISHWARYA	Administerd	Administerd	Administerd,	
100	SALUNKE DIMPLE	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	

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Department of General Medicine
D Y Patil Dental School
Pune

D.Y Patil Dental School

List of students vaccinated For Hepatitis- B

Batch 2019-20

Sr. No	Name	Dose 1 17/02/19	Dose 2 18/3/19	Dose 3 19/9/19	Doctor's Sign
1	ADSULE YOJANA JEETENDRA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
2	AGARKAR HRUTUJA VINOD	Administered	Administered	Administered.	
3	AGLAWE SAKSHI SURESH	Administered	Administered	Administered.	
4	AUTADE HARSHAL DATTATRAY	Administered	Administered	Administered.	
5	BANGAR ASHWINI VITTHAL	Administered	Administered	Administered	
6	BANSODE SNEHA MAHADED	Administered	Administered	Administered.	
7	BARDESKAR RUTUJA APPASO	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
8	BHOIR SHIVANI SHANKAR	Administered	Administered	Administered	
9	BHOYAR SHRADDHA GANESH	Administered	Administered	Administered	
10	BHUJBAL HARSHADA RAMESHWAR	Administered	Administered.	Administered.	

11	BHURA AMAAN ASIF	Administered	Administered	Administered.
12	BORADE NANDINI CHANDRAKANT	Administered	Administered	Administered.
13	CHAUDHARI KETAN SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
14	CHAVAN ANURADHA ANIL	Administered.	Administered	Administered.
15	CHOUDHAR SAYALI APPA	Administered	Administered.	Administered.
16	CHOUDHARY VAISHNAVI VINOD	Administered.	Administered	Administered.
17	DABERAO ADITI HARISH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
18	DESHMUKH RUTIKA ARUN	Administered	Administered	Administered.
19	DESHMUKH SANIANA MILIND	Administered	Administered	Administered.
20	DHANDE SANKET DATTU	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
21	DODAL ISHAN AKSHAY	Administered	Administered	Administered.
22	DUDHE POOJA NILKANTH	Administered	Administered	Administered.
23	GAIKAR MANALI SAKHARAM	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.

24	GAIKWAD AKSHATA TANAJI	Administered	Administered	Administered	Administered.
25	GAIKWAD PRASAD JALINDAR	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
26	GAIKWAD SHIVANI NITIN	Administered	Administered	Administered.	
27	GARJE KIRTI VIAYKUMAR	Administered	Administered.	Administered.	
28	GHOSALKAR GARGI RAJENDRA	Administered	Administered	Administered.	
29	GIRE POONAM TULSIRAM	Administered	Administered	Administered.	
30	GUNE ISHA SUBHASH	Administered	Administered	Administered.	
31	ITANKAR SHARVARI BODHRAJ	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
32	JADHAV ANIALI ASHOK	Administered.	Administered	Administered.	
33	JADHAV ROHINI BHARAT	Administered	Administered.	Administered.	
34	JADHAV TANMAY ASHISH	Administered.	Administered	Administered.	
35	JAGTAP PRATIK VIAY	Administered	Administered	Administered.	
36	JAISWAL RITIKA RAKESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	

37	JAJU GAURI SUNIL	Administered	Administered.	Administered.	
38	JAYBHAYE ROHAN UTTAMRAO	Administered	Administered	Administered.	
39	IHA KRITIKA	Administered	Administered	Administered.	
40	JOSHI ISHA CHINTAMAN	Administered	Administered	Administered.	
41	KAIRAMKONDA RUTUJA RAMESH	Administered	Administered	Administered.	
42	KAMTHE ABOLI DATTATRAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
43	KAMTHE ASHWINI MADHUKAR	Administered	Administered	Administered.	
44	KANADE SAKSHI MAHENDRA	Administered	Administered	Administered.	
45	KARKAR PRANAV RAJIV	Administered	Administered	Administered	
46	KENDRE RUTUJA DNYANOBA	Administered	Administered	Administered	
47	KHANDEKAR RUSHIKESH UMESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
48	KHARAT TEJAS SITARAM	Administered.	Administered	Administered.	
49	KHATIK AAFIYA PARVEEN	Administered	Administered	Administered.	

50	KHUDE SHANTANU VISHNU	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
51	KRISHNA KESHAV	Administered	Administered	Administered.
52	KSHIRSAGAR SHIVANI RAJENDRA	Administered	Administered	Administered.
53	KULKARNI MRUNAL SUNIL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
54	LATPATE MANSI NATHRAO	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
55	LINGAIT VIDISHA	Administered	Administered.	Administered.
56	MANWANI ANISHA SUNIL	Administered	Administered	Administered.
57	MANWAR SANKET AVINASH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
58	MARIA NOOR	Administered	Administered	Administered.
59	MORE PRATIK YASHWANT	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
60	MULEY SAMPADA DHANANJAY	Administered	Administered	Administered.
61	MUNJAL VIDHYA DEVIDAS	Administered	Administered	Administered.
62	MUTTEPWAR SAMPADA SUNIL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.

63	NAGDEKAR SHRUTI RAVINDRA	Administered	Administered	Administered.
64	NAIKWADE PALLAVI CHANDRASHEKH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
65	NALAWADE ANKITA BHIMRAO	Administered	Administered	Administered.
66	NALAWADE INDRAJEET YOGESH	Administered	Administered	Administered.
67	NIGAM SOMILA UMESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
68	NIKAM SHRADDHA ARJUN	Administered	Administered	Administered.
69	PACHANGE VAISHNAVI VENKATESH	Administered	Administered	Administered.
70	PADGHAN SARIKA MADHUKAR	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
71	PADILE NISHIGANDHA DNYANOBA	Administered	Administered	Administered.
72	PAGNIS AAYUSHI	Administered	Administered	Administered.
73	PAKAWALA UMMAY KULSUM	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.
74	PANASKAR APOORVA DIPAK	Administered	Administered	Administered.
75	PARDESHI ISHWARI SUNIL	Administered	Administered	Administered.

76	PARMAR YASHI SAMPAT	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
77	PASUNOORI AISHWARYA SOMNARSAI	Administered	Administered	Administered	
78	PATIL TEJASWINI MAHENDRA	Administered	Administered	Administered	
79	PAYGHAN AKASH KADUJI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
80	PITALE NEHA GIRISH	Administered	Administered	Administered	
81	POOJARY NIKHITA PRABHAKAR	Administered	Administered	Administered	
82	POTODE BAKUL NARENDRA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
83	RAHMA TAFHEEM	Administered	Administered	Administered	
84	RAMGADE RIYA JITENDRA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
85	RAVANGAVE VAISHNAVI SANIAY	Administered	Administered	Administered	
86	ROKDE ALISHA SHIVRAM	Administered	Administered	Administered	
87	SAGAR SHUBHANGI JIVAN	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	

Reader and HOD
Department of General Medicine
D Y Patil Dental School
Pune

D.Y Patil Dental School

List of students vaccinated For Hepatitis- B

Batch 20-21

Sr. No	Name	Dose 1 17/07/19	Dose 2 19/8/19	Dose 3 21/02/20	Doctor's Sign
1	AMBATKAR SAKSHI SADANAND	Administered	Administered	Administered	
2	BAILE SHIVKRISHNA KRANTIKAR	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
3	BALGUDE TRUPTI SANJAY	Administered	Administered	Administered	
4	BARI MRUNALI GOPAL	Administered	Administered	Administered	
5	BEDSE HARSHAL RAJDHAR	Administered	Administered	Administered	
6	BHANSALI PRINCE SUSHIL	Administered	Administered	Administered	

7	BHATTI HARDIK RAHUL	Administered	Administered	Administered	
8	BHISE ROHINI BALU	Administered	Administered	Administered	
9	BHUTKAR ARYA ANIL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
10	CHANDORKAR ISHAN ASHISH	Administered	Administered	Administered	
11	CHANGMAYUM ESHITA	Administered	Administered	Administered	
12	CHAVAN SHRADDHA ASHOKRAO	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
13	CHIDDARWAR JANHAVI ATUL	Administered	Administered	Administered	

14	DANDNAIK SHRADHA ANAND	Administered	Administered	Administered	
15	DARADE AMIT SUMANT	Administered	Administered	Administered	
16	DESHMANE ADITI ARUN	Administered	Administered	Administered	
17	DESHMUKH SAKSHEE SURYAKANT —	Administered	Administered	Administered —	
18	DODIA RUCHI BIPIN	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
19	DOND PRASAD SUNIL	Administered	Administered	Administered	
20	DUDHADE PALLAVI	Administered	Administered	Administered	

21	DUGANI SNEHAL MURGENDRA	Administered	Administered	Administered	
22	GAIKWAD ABHAY SHAHAJI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
23	GAIKWAD AKANKSHA PANDURANG	Administered	Administered	Administered	
24	GAIKWAD ANKITA DATTATRAY	Administered	Administered	Administered	
25	GAIKWAD MOHAK MAROTI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
26	GARG KASHISH SANJAY	Administered	Administered	Administered	
27	GAVHANE GEETA RAMDAS	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	

28	GOWAIKAR RUCHA SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
29	GUDADHE TRUPTI JAYANT	Administered	Administered	Administered	
30	GUPTA RAGHAV MAHESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
31	HALAGERI PARVATI BASAVRAJ	Administered	Administered	Administered	
32	JAMNA SANIYA ILIYAS	Administered	Administered	Administered	
33	JHAWAR AKSHATA RAMKISHOR	Administered	Administered	Administered	
34	JOSHI VAISHNAVI VINAYAK	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	

35	KAMBLE MRUNAL VIJAY	Administered	Administered	Administered		
36	KAMBLE PRAJAKTA SHAILENDRA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
37	KANPILE SAKSHI CHETAN	Administered	Administered	Administered		
38	KEKARE NIRMITI DASHRATH	Administered	Administered	Administered		
39	KHAKAR SWAROOP ARUN	Administered	Administered	Administered		
40	KHARAT VAISHNAVI RAMESH	Administered	Administered	Administered		
41	KULKARNI HARSH MILIND	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		

42	LADKAT VAISHNAVI SUKHDEV	Administered	Administered	Administered		
43	LOKHANDE PRATIKSHA NARHARI	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
44	LOLAGE VAISHANVI	Administered	Administered	Administered		
45	LONDHE SIDDHESH ANIL LONDHE VINIT MAHADEO LONKAR SAKSHI SANDIP MAGAR SHREYAS ASHOK MAHAJAN JUI SHASHANK	Administered	Administered	Administered		
46	MALI PRERNA RAJESH	Administered	Administered	Administered		
47	MANDAVE SHWETAN SHANKAR	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
48	MANE ONKAR VINAYAK	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		

49	MANEK SRUSHTI RAJESH	Administered	Administered	Administered	
50	MAURYA KHUSHBU	Administered	Administered	Administered	
51	MHETRE SAMRUDDHI RAJESH MISHRA SHUBHAM SANJAY MOHITE AISHWARYA ULHAS	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
52	MOMIN RUSHNA ISHTIYAQUE AHMED	Administered	Administered	Administered	
53	MORE AMRUTA BALDEO	Administered	Administered	Administered	
54	MULE ADITYA SATISH	Administered	Administered	Administered	
55	MULIK SIDDHI SAMBHAJI	Administered	Administered	Administered	

56	MUNIFA NAZ MOHAMMAD RAFIQUE	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
57	NARKHEDE SAKSHI SHRIKANT	Administered	Administered	Administered	
58	NARSULE DIVYA ARVIND	Administered	Administered	Administered	
59	NARWADE SHYAM VUAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
60	PATEL RIDDHI HARESH	Administered	Administered	Administered	
61	PATIL DEVYANI NANDKISHOR	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
	HARSHADA ULHASRAO PATIL	Administered	Administered	Administered	

	PATIL JAGRUTI SATISH	Administered	Administered	Administered		
	PATIL PAWAN SATISH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	PAWAR POOJA GOPICHAND	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	PAWAR RUTUJA RAMNATH	Administered	Administered	Administered		
	PHALKE MRUNAL UMESH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	PHARATE SHWETA EKNATH	Administered	Administered	Administered		
	RAUT AISHWARYA SHIVLING	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		

	SHELKE OMKAR NANASAHEB	Administered	Administered	Administered		
	SHETE VRUSHALI SANJAY	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	SHINDE PRAJAKTA SADASHIV	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	SHINDE VAISHNAVI HANUMANT	Administered	Administered	Administered		
	SHINGADE ADITYA RAGHU	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	SIRSAT SAMRUDHI PRATHVIRAJ	Administered	Administered	Administered		
	SONAR BHUVANESHWARI	Administered	Administered	Administered		

	SONAWANE KANCHAN RAVINDRA	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	SONAWANE SANGRAM SANJAY	Administered	Administered	Administered		
	SPRIHA SINGH	Administered	Administered	Administered		
	SURYAWAD RUTUJA RAOSAHEB	Administered	Administered	Administered		
	SURYAWANSHI VIJAYALAXMI MAHENDRA	Administered	Administered	Administered		
	TAMBE SAMRUDDHI SARASRAM	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.		
	THORAT DEEPALI DAJI	Administered	Administered	Administered		

	THORAT PRATIKSHA HARISH	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
	UGRAN SHRADDHA VIJAYKUMAR	Administered	Administered	Administered	
	WARAL CHETAN SUNIL	Self declaration for vaccination.	Self declaration for vaccination.	Self declaration for vaccination.	
	WARKAD PRATIKSHA GAJANAN	Administered	Administered	Administered	

Reader and HOD
Department of General Medicine
D Y Patil Dental School
Pune

D Y PATIL DENTAL SCHOOL

List of students vaccinated for Hepatitis-B

BATCH 2022-23

Sr No.	Name	Dose 1 14/6/23	Dose 2 19/7/23	Dose 3 13/2/24	Doctors sign
1	ALHAT SAKSHI YOGESH	Administered	Administered	Administered	
2	AGRE SAKSHI SANJEVKUMAR	Administered	Administered	Administered	
3	ALI AHMED SARA ZULFIKAR	Administered	Administered	Administered	
4	AMRITSAGAR VARUN MOHAN	Administered	Administered	Administered	
5	BADNE PRERNA RAM	Administered	Administered	Administered	
6	BHAGYESH TUKARAM SHIPLKAR	Administered	Administered	Administered	
7	BHAVYA ANILKUMAR NAHATA	Administered	Administered	Administered	
8	BHIKKA SANIA SANJAY	Administered	Administered	Administered	
9	BHOR KAUSTUBH SANTOSH	Administered	Administered	Administered	
10	BHORE BHUSHAN TANAJI	Administered	Administered	Administered	
11	BHOSALE ABHISHEK RAVINDRA	Administered	Administered	Self declaration for vaccination	
12	BHOSALE ANJALI AJIT	Administered	Administered	Administered	
13	BHOSALE SHIVANI RAMESH	Administered	Administered	Administered	
14	CHAURASIYA ROUNAK ARBIND	Administered	Administered	Administered	
15	CHAVAN GAYATRI DNYANESHWAR	Administered	Administered	Administered	
16	CHIKUNDRE SAKSHI SUNIL	Administered	Administered	Administered	
17	DAMALE BHAGYASHREE SANTOSH	Administered	Administered	Administered	
18	DEMBDA MUSKAN RAVI	Administered	Administered	Administered	
19	DEORE TANYA RAJENDRA	Administered	Administered	Administered	
20	DEVKATE RUSHIKESH MACHCHINDRA	Administered	Administered	Administered	
21	DOLSE VISHAKHA RAMESH	Administered	Administered	Administered	
22	DUMALE SIMRAN SATISH	Administered	Administered	Self declaration for vaccination	

23	FUNDE ARATI VISHWANATH	Administered	Administered	Administered
24	GADHARI SOHAM SANJAY	Administered	Administered	Self declaration for vaccination
25	GARDE ROHIT NARHARI	Administered	Administered	Self declaration for vaccination
26	GHODKE ANUJA RAMPRABHU	Administered	Administered	Administered
27	GHOLAP SARTHAKI MAHESH	Administered	Administered	Administered
28	GITTE AKANKSHA BABASAHEB	Administered	Administered	Administered
29	GOR SHREEYA PHALGUN	Administered	Administered	Administered
30	HOLE ANUSHKA BALASAHEB	Administered	Administered	Administered
31	JADHAV ARATI SACHIN	Administered	Administered	Administered
32	JADHAV ASHUTOSH SHARAD	Administered	Administered	Administered
33	JADHAV SWAPANALI SANJAY	Administered	Administered	Administered
34	JAIN YUTHIKA DEEPAK	Administered	Administered	Administered
35	JAWALE PRAJAKTA SURESH	Administered	Administered	Administered
36	JAWARKAR SANSKRUTI VIKAS	Administered	Administered	Administered
37	JOSHI SAYALI SARANG	Administered	Administered	Administered
38	KADAM VAISHNAVI SUNIL	Administered	Administered	Administered
39	KAKADE RADHIKA HANMANT	Administered	Administered	Administered
40	KAMBLE TEJAS ANIL	Administered	Administered	Administered
41	KANADE PRIYANKA VIJAY	Administered	Administered	Administered
42	KATE TANVI RAMESH	Administered	Administered	Administered
43	KUBDE RITIKA RAMDAS	Administered	Administered	Administered
44	KUMBHAR SRUSHTI RAJARAM	Administered	Administered	Administered
45	KUSUMBE NIKITA PRAKASH	Administered	Administered	Administered
46	MAHALE HARSHALI VIJAY	Administered	Administered	Administered
47	MALI SHIVANI VILAS	Administered	Administered	Administered
48	MALUSARE ADITI GULSHAN	Administered	Administered	Administered

49	MASKE SHRADDHA KESHAV	Administered	Administered	Administered
50	MOMIN AIMAN IRSHAD	Administered	Administered	Administered
51	MUPADE POOJA VILAS	Administered	Administered	Administered
52	NAGRE GAURI MADHUKAR	Administered	Administered	Administered
53	NAIK ASTHA SWAPNIL	Administered	Administered	Administered
54	NAKVE VAISHNAVI NARAYAN	Administered	Administered	Administered
55	NANDANWAR SANIKA KISHOR	Administered	Administered	Administered
56	OMASE ADITI GOVIND	Administered	Administered	Administered
57	OSWAL VIDHI LALIT	Administered	Administered	Administered
58	PATEKAR AKANKSHA RAMESHWAR	Administered	Administered	Administered
59	PATEL MANSI PRAKASH	Administered	Administered	Administered
60	PATIL PRANJAL RAVINDRA	Administered	Administered	Administered
61	PATIL PURVA LALIT	Administered	Administered	Administered
62	PATIL SRUSHTI ULHAS	Administered	Administered	Administered
63	PAWAR OMKAR PRAKASH	Administered	Administered	Administered
64	PAWAR YASH BHAGWAN	Administered	Administered	Administered
65	PHALKE SHRAVANI DNYANESHWAR	Administered	Administered	Administered
66	PHATAK HRUSHIKESH RAJENDRA	Administered	Administered	Administered
67	PUDALE SHUBHANYU SUDESH	Administered	Administered	Administered
68	RAMTEKE SAWANI SATYAWAN	Administered	Administered	Administered
69	RAUT MRUNAL RAMESH	Administered	Administered	Administered
70	RONGATE SUMEDHA TUKARAM	Administered	Administered	Administered
71	SALAVS VAISHNAVI BABAN	Administered	Administered	Administered
72	SALVE SANIYA VASANT	Administered	Administered	Administered
73	SARALE KSHITIJA PRAKASHRAO	Administered	Administered	Administered
74	SARODE HARDIKA ATUL	Administered	Administered	Administered
75	SAWANT MIHIKA SACHIN	Administered	Administered	Administered
76	SAWANT PRAFULLA SANTOSH	Administered	Administered	Administered

77	SETHURAMAN DIPTI	Administered	Administered	Administered
78	SHAH RUSHABH JITENDRA	Administered	Administered	Administered
79	SAHARAE KRITI LALDAS	Administered	Administered	Self declaration for vaccination
80	SHELKE NIKITA SHANKAR	Administered	Administered	Administered
81	SHEWALE ASHAY AMBADAS	Administered.	Administered.	Administered
82	SHIMRU SAYLI KIRAN	Administered	Administered	Administered
83	SHIPANKAR SHUBHAM SRIKANT	Administered	Administered	Administered.
84	SHRUTI S KALE	Administered.	Administered	Administered.
85	SONUNE VEDANTI GAJANAN	Administered	Administered	Administered.
86	SOUMYA SUNEEL NAIR	Administered	Administered	Administered
87	SUNETRA MAHADESHWAR	Administered	Administered	Administered
88	SURYAWANSHI SMITA DIGAMBER	Administered	Administered	Administered
89	TALE PAWAN BHASKAR	Administered	Administered	Administered
90	VAIDYA ABHISHEK DINKAR	Administered	Administered	Administered
91	WAGH VAISHNAVI RAGHUNATH	Administered	Administered.	Administered.
92	WAGHMARE SAKSHI SHIVAJI	Administered	Administered.	Administered.
93	WANDRE ABHISHEK NARAYAN	Administered	Administered	Administered.
94	YADAV SUPRIT VIJAY	Administered	Administered	Administered
95	PATIL AISHWARYA	Administered	Administered	Administered.
96	RAUT PRIYA	Self declaration for vaccination	Self declaration for vaccination	Self declaration for vaccination

LINGARAJ J SHIGLI ANAND

Digitally signed by LINGARAJ SHIGLI ANAND
Date: 2024.06.26 12:18:48 +05'30'

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