



CHOITHRAM COLLEGE OF NURSING

Accredited by NAAC, Affiliated to INC, MPNRC Bhopal, MPMSU Jabalpur
Choithram Hospital & Research Centre Manik Bagh Road, Indore 452014 (M.P.)



● Phone: 0731-2362491 to 99, ● Ext. No.: 407/578
● Principal: +91-731-4939909

E-mail : cconursing@yahoo.co.in, choithramoffice@gmail.com
Webiste : www.choithramnursing.com

8.1.4: 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.

List of students, teachers and hospital staff, who received such immunization during the preceding academic year

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LIST OF STUDENTS RECEIVED IMMUNIZATION

CHOITHRAM COLLEGE OF NURSING HEPATITIS-B VACCINATION RECORD

BATCH 2022-2026

S. NO.	NAME	1 st DOSE	BATCH NO.	2 nd DOSE	BATCH NO.	3 rd DOSE	BATCH NO.
1.	Aayushi Manshare	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
2.	Aksa Elizabeth Raju	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
3.	Alenteena k Varkey	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
4.	Alpha Sagely Bihare	11/02/23	220500122C	13/03/23	220500122C	04/12/23	220500122C
5.	Anchal Kumari	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
6.	Antim Bala Carpenter	11/02/23	220500122C	13/03/23	220500122C	04/12/23	220500122C
7.	Aradhya Bhawsar	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
8.	Arpita Milkyas	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
9.	Arshi Khan	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
10.	Arti Nagar	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
11.	Ayushi Lakra	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
12.	Babli Nishad	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
13.	Bharti Nagar	11/02/23	220500122C	13/03/23	220500122C	04/12/23	220500122C
14.	Bhumika Mewada	11/02/23	220500122C	16/03/23	220500922B	02/12/23	220500122C
15.	Bushra Mansuri	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
16.	Chandini Dhangar	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
17.	Chetna Birla	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
18.	Chetna Chouhan	16/03/23	220500922B	13/03/23	220500922B	02/12/23	220500122C
19.	Chinal Mehta	16/03/23	220500922B	15/04/23	220500922B	02/12/23	220500122C
20.	Christin Jiju	11/02/23	220500122C	13/03/23	220500922B	LEFT	LEFT
21.	Debora Daniel	11/02/23	220500122C	13/03/23	220500922B	04/12/23	220500122C
22.	Gayatri Yadav	11/02/23	220500122C	13/03/23	220500922B	04/12/23	220500122C
23.	Girja Soliya	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
24.	Graina Mary Devasia	11/02/23	220500122C	16/03/23	220500922B	02/12/23	220500122C
25.	Isha Sharma	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
26.	Jagrati Rathore	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
27.	Kamini Chouhan	16/03/23	220500922B	15/04/23	220500922B	02/12/23	220500122C
28.	Kamika Patidar	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
29.	Kashish Malviya	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
30.	Khyati Murumkar	11/02/23	220500122C	04/04/23	220500922B	02/12/23	220500122C
31.	Kirti Birla	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C





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32.	Kirti Patidar	11/02/23	220500922B	16/03/23	220500922B	02/12/23	220500122C
33.	Kumkum Prnjapat	11/02/23	220500922B	13/03/23	220500922B	02/12/23	220500122C
34.	Maujusha Kujur	11/02/23	220500922B	13/03/23	220500922B	02/12/23	220500122C
35.	Merlin John	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
36.	Muskan Katija	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
37.	Naveen Pawar	11/02/23	220500122C	13/03/23	220500922B	04/12/23	220500122C
38.	Neha Patel	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
39.	Neha Rathore	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
40.	Nikita Rathore	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
41.	Nikita Sitole	11/02/23	220500122C	16/03/23	220500922B	04/12/23	220500122C
42.	Pooja Dangi	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
43.	Priska M Samuel	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
44.	Priya Barod	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
45.	Priya Rathore	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
46.	Priya Yadav	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
47.	Priyanka Malviya	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
48.	Priyanka Rani	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
49.	Purvi Rai	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
50.	Radhika Sahu	11/02/23	220500122C	13/03/23	220500122C	04/12/23	220500122C
51.	Rajan Varghese	11/02/23	220500122C	13/03/23	220500922B	04/12/23	220500122C
52.	Reetika Chowdhary	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
53.	Richa Angel Joshy	11/02/23	220500922B	13/03/23	220500122C	02/12/23	220500122C
54.	Ritika Ninama	-----	-----	-----	-----	-----	POSITIVE
55.	Safoni Dhakad	11/02/23	220500922B	13/03/23	220500122C	02/12/23	220500122C
56.	Shainy Saji	11/02/23	220500922B	13/03/23	220500122C	02/12/23	220500122C
57.	Shanu Solanki	11/02/23	220500922B	13/03/23	220500122C	02/12/23	220500122C
58.	Sheetal Rathore	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
59.	Sheetal Verma	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
60.	Shivani Rai	11/02/23	220500122C	13/03/23	220500122C	04/12/23	220500122C
61.	Shraddha Gour	11/02/23	220500122C	13/03/23	220500122C	02/12/23	220500122C
62.	Sinhasani Singh Chouhan	11/02/23	220500122C	16/03/23	220500922B	04/12/23	220500122C
63.	Siya Rajeesh	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
64.	Smita Dhangar	11/02/23	220500122C	13/03/23	220500922B	02/12/23	220500122C
65.	Sonam Pal	11/02/23	220500922B	13/03/23	220500922B	02/12/23	220500122C
66.	Soumya Kaushal	11/02/23	220500922B	13/03/23	220500922B	04/12/23	220500122C
67.	Sunila Buriya	11/02/23	220500922B	13/03/23	220500922B	02/12/23	220500122C



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LIST OF TEACHERS RECEIVED IMMUNIZATION PRECEDING ACADEMIC YEAR



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 15394549404

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Mrs Shreeja Vijayan

Age / उम्र

40

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Passbook # 63047179235

Unique Health ID (UHID)

Beneficiary Reference ID

20314854074001

Vaccination Status / टीकाकरण की स्थिति

Fully Vaccinated (2 Doses) and a Precaution Dose

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

Precaution dose

Date of Dose / खुराक की तारीख

12 Feb 2021

12 Mar 2021

15 Jan 2022

Batch Number / बैच संख्या

41202013

4120Z013

4121Z112

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya

Pradesh



“दवाई भी और कड़ाई भी।

Together, India will defeat
COVID-19”

- प्रधानमंत्री नरेंद्र मोदी

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

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

COWIN

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



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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 48156250628

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Dr Aradhana Michael

Age / उम्र

47

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Passbook # 53001565423

Unique Health ID (UHID)

20314324224180

Beneficiary Reference ID

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Status / टीकाकरण की स्थिति

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

Precaution dose

Date of Dose / खुराक की तारीख

13 Feb 2021

17 Mar 2021

17 Jan 2022

Batch Number / बैच संख्या

4120Z013

4120Z013

4121Z112

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya
Pradesh



“दवाई भी और कड़ाई भी।

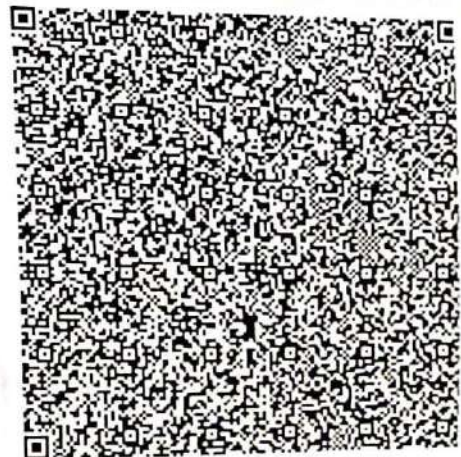
Together, India will defeat
COVID-19”

- प्रधानमंत्री नरेंद्र मोदी

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

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

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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 56151405876

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Mrs Shweta Pattnaik
Age / उम्र	38
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Passbook # 63025243108
Unique Health ID (UHID)	
Beneficiary Reference ID	20314811080871
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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 Precaution dose
Date of Dose / खुराक की तारीख	12 Feb 2021 12 Mar 2021 15 Jan 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



“दवाई भी और कड़ाई भी।

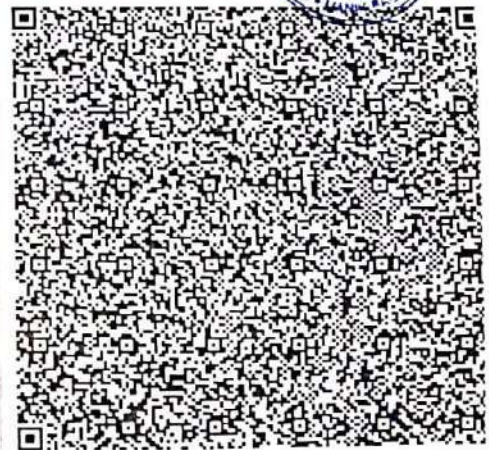
Together, India will defeat
COVID-19”

- प्रधानमंत्री नरेंद्र मोदी

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

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

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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 77977788407

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	ARNOLD
Age / उम्र	27
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXXCard
Unique Health ID (UHID)	36-4327-6447-0830
Beneficiary Reference ID	20314206209144
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses)

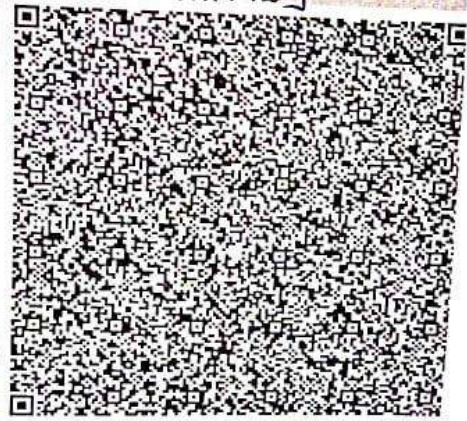
Vaccination Details

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	2021-03-06 2021-11-16
Batch Number / बैच संख्या	4120Z013 4121MF013
Vaccinated By / टीका लगाने वाले का नाम	Vaccinator Name
Vaccination At / टीकाकरण का स्थान	MOBILE ZONE 15, Indore, Madhya Pradesh

Vaccination dose :- 22/Jan/2022 [due to some reason 2nd dose certificate got late but 2nd dose I got on on time]



"दवाई भी और विश्वास भी साथ
Together, India will defeat
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- प्रधानमंत्री नरेंद्र मोदी



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

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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 18581352410

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Mrs Nibha Soy

Age / उम्र

38

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Passbook # 53001578589

Unique Health ID (UHID)

Beneficiary Reference ID

20314697279914

Vaccination Status / टीकाकरण की स्थिति

Fully Vaccinated (2 Doses) and a Precaution Dose

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

Precaution dose

Date of Dose / खुराक की तारीख

13 Feb 2021

17 Mar 2021

17 Jan 2022

Batch Number / बैच संख्या

4120Z013

4120Z013

4121Z112

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya
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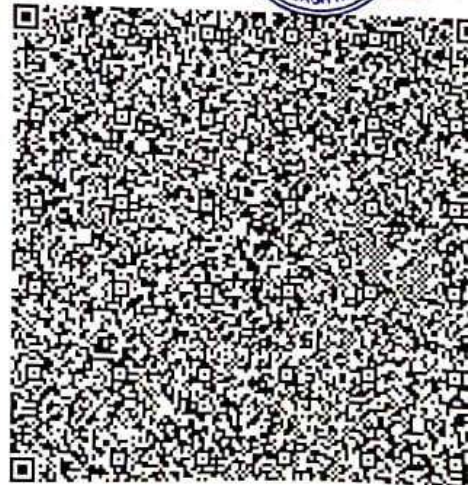
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अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

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Certificate for COVID-19 Vaccination

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

Certificate ID 26099930254

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Rupal Ashish Martln
Age / उम्र	30
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Passport # V2670901
Unique Health ID (UHID)	10-0778-2715-1362
Beneficiary Reference ID	20314126333562
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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 Precaution dose
Date of Dose / खुराक की तारीख	03 Feb 2021 05 Mar 2021 15 Jan 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



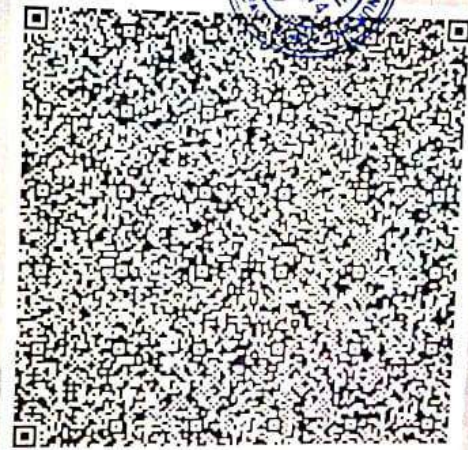
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Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 83541399928

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	POOJA RATHORE
Age / उम्र	25
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXX269N
Unique Health ID (UHID)	27-5578-8065-3454
Beneficiary Reference ID	20314129695741
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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 Precaution dose
Date of Dose / खुराक की तारीख	25 Jan 2021 22 Feb 2021 29 Jan 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



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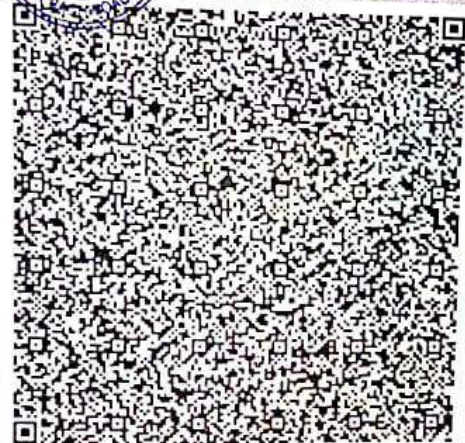
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Certificate ID 27883888372

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Marlene Peter
Age / उम्र	30
Gender / लिंग	Female
ID Number / पहचान पत्र संख्या	Aadhaar # XXXXXXXXX9966
Unique Health ID (UHID)	31-2250-1647-8147
Beneficiary Reference ID	14915104445640
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	2021-08-16	2021-12-16
Batch Number / बैच संख्या	41212112	4121MC139
Vaccinated By / टीका लगाने वाले का नाम	Vaccinator Name	
Vaccination At / टीकाकरण का स्थान	Drive In Dushera Maldan, Indore, Madhya Pradesh	





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

Certificate ID 53550903580

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Sanghamitra Paul

Age / उम्र

32

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX4873



Unique Health ID (UHID)

20314637900330

Beneficiary Reference ID

Vaccination Status / टीकाकरण की स्थिति

Fully Vaccinated (2 Doses) and a Precaution Dose

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

Precaution dose

Date of Dose / खुराक की तारीख

15 Mar 2021

15 Apr 2021

22 Jan 2022

Batch Number / बैच संख्या

4120Z013

4121Z046

4121Z112

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

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Certificate ID 39982358539

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	PRACHI AWASTHI
Age / उम्र	37
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX8752
Unique Health ID (UHID)	40-6257-5428-8633
Beneficiary Reference ID	20314431610086
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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	Precaution dose
Date of Dose / खुराक की तारीख	06 Mar 2021	05 Apr 2021	15 Jan 2022
Batch Number / बैच संख्या	4120Z013	4121Z034	4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya		
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh		



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Certificate ID 21743426895

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Mrs Yasmin Sharma

Age / उम्र

35

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Passbook # 63049576977

Unique Health ID (UHID)

20314124222255

Beneficiary Reference ID

Vaccination Status / टीकाकरण की स्थिति

Fully Vaccinated (2 Doses) and a Precaution Dose

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	Precaution dose
12 Feb 2021	12 Mar 2021	15 Jan 2022
4120Z013	4120Z013	4121Z112

Date of Dose / खुराक की तारीख

Batch Number / बैच संख्या

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

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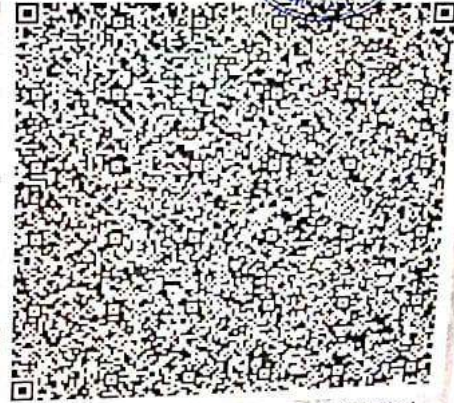
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Certificate ID: 73992926288

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Mrs Vaishali Tiwari
Age / उम्र	36
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Passbook # 63000632883
Unique Health ID (UH-ID)	
Beneficiary Reference ID	20314348348930
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / वैकसीन 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 / सुराक की संख्या	1/2	2/2	Precaution dose
Date of Dose / सुराक की तारीख	12 Feb 2021	12 Mar 2021	15 Jan 2022
Batch Number / बैच संख्या	4120Z013	4120Z013	4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya		
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh		



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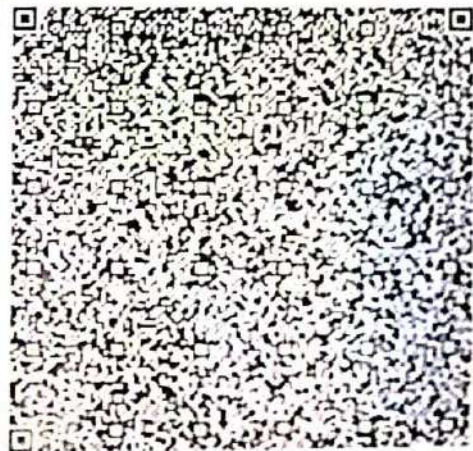
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Certificate ID 20101821508

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Mrs Rakhi Chandel

Age / उम्र

39

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Passbook # 63006158655

Unique Health ID (UHID)

20314557676269

Beneficiary Reference ID

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Status / टीकाकरण की स्थिति

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	Precaution dose
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Date of Dose / खुराक की तारीख

12 Feb 2021	12 Mar 2021	15 Jan 2022
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Batch Number / बैच संख्या

4120Z013	4120Z013	4121Z112
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Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya

Pradesh



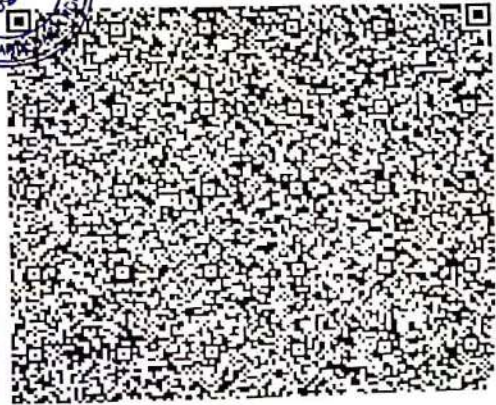
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Certificate ID 20982266538

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Mr. Abhilash Kolare
Age / उम्र	28
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Voter ID # NIL
Unique Health ID (UHID)	
Beneficiary Reference ID	20314480800325
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
Dose Number / खुराक की संख्या	1/2 2/2
Date of Dose / खुराक की तारीख	2021-02-03 2021-09-22
Batch Number / बैच संख्या	4120Z013 4121Z209
Vaccinated By / टीका लगाने वाले का नाम	pari
Vaccination At / टीकाकरण का स्थान	VW- COVISHIELD, Indore, Madhya Pradesh

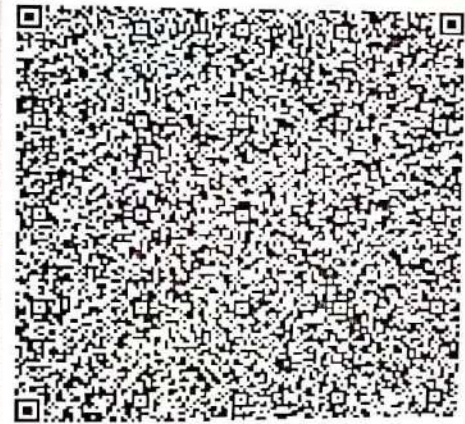


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Certificate ID 10887294919

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	MS. PRIYA PANDIT
Age / उम्र	29
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Passbook # 20089931936
Unique Health ID (UHID)	
Beneficiary Reference ID	20314654988519
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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 Precaution dose
Date of Dose / खुराक की तारीख	03 Feb 2021 06 Mar 2021 15 Jan 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



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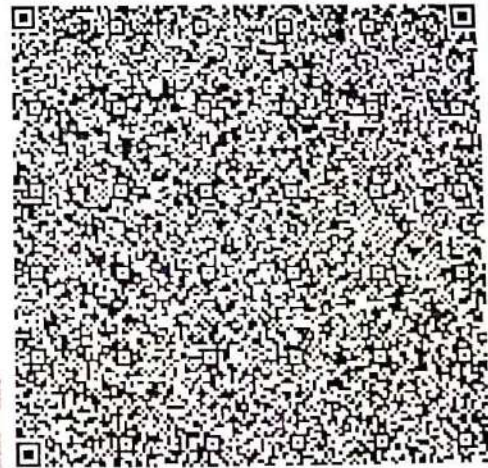
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Certificate ID 40231799096

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Miss. Dally Sawner
Age / उम्र	29
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Voter ID # NIL
Unique Health ID (UHID)	
Beneficiary Reference ID	20314983087636
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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	Precaution dose
Date of Dose / खुराक की तारीख	30 Jan 2021	04 Mar 2021	15 Jan 2022
Batch Number / बैच संख्या	41202013	41202013	4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya		
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh		



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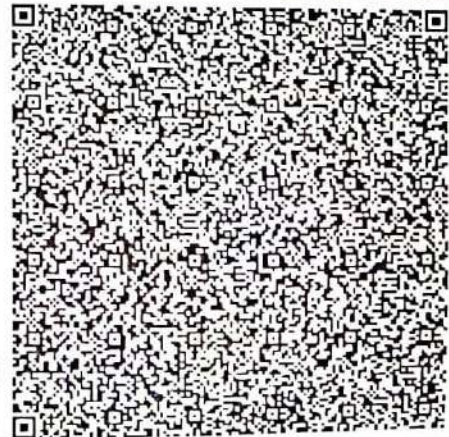
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Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Christy K Ninan

Age / उम्र

33

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX4722

Unique Health ID (UHID)

53-2230-0666-6881

Beneficiary Reference ID

91694629376580

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVAXIN

Date of Dose / खुराक की तारीख

14 Jul 2021 (Batch no. 37I21014A)

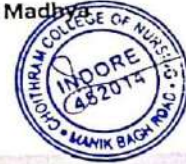
Vaccinated by / टीका लगाने वाले का नाम

JAYA

Vaccination at / टीकाकरण का स्थान

DRIVE IN BETMA 1, Indore, Madhya

Pradesh



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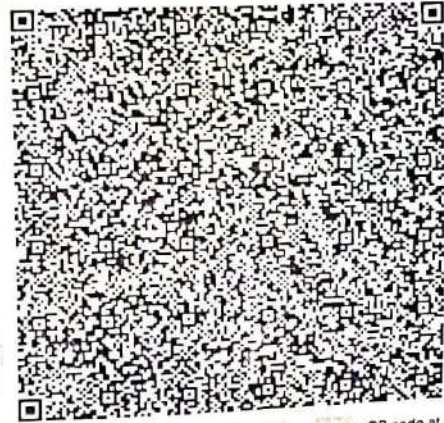
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Certificate ID 75907053903

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Jyoti Chauhan
Age / उम्र	29
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX9607
Unique Health ID (UHID)	42-1238-2222-0042
Beneficiary Reference ID	20314226550369
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / वैक्सिन 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	Precaution dose
Date of Dose / खुराक की तारीख	29 Jan 2021	26 Feb 2021	13 Jan 2022
Batch Number / बैच संख्या	4120Z013	4120Z013	4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya		
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh		



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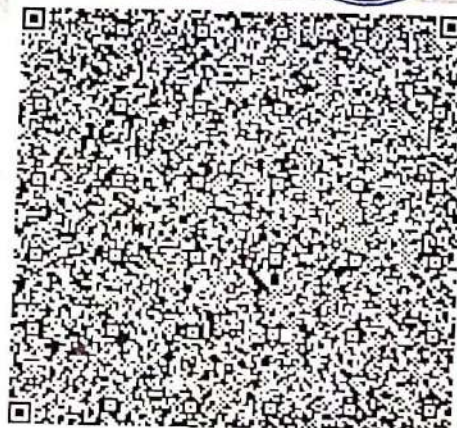
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Certificate ID 87722084611

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	DIVYANI
Age / उम्र	24
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX5836
Unique Health ID (UHID)	15-7662-1647-6035
Beneficiary Reference ID	20314510558781
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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 Precaution dose
Date of Dose / खुराक की तारीख	29 Jan 2021 26 Feb 2021 13 Jan 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishhek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



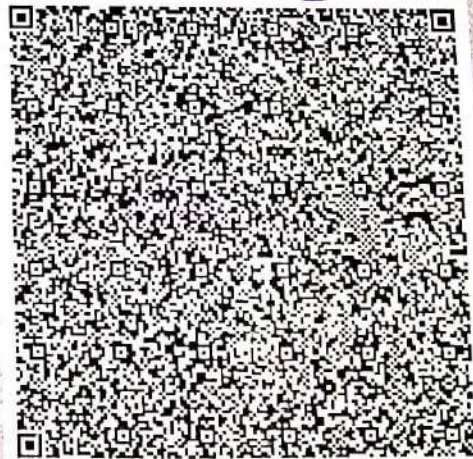
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Certificate ID 52327567273

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	MsSheetal Saxena
Age / उम्र	46
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Passbook # 63031361009
Unique Health ID (UHID)	
Beneficiary Reference ID	20314747796044
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccine Name / वैक्सिन 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 Precaution dose
Date of Dose / खुराक की तारीख	12 Feb 2021 12 Mar 2021 17 Jan 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



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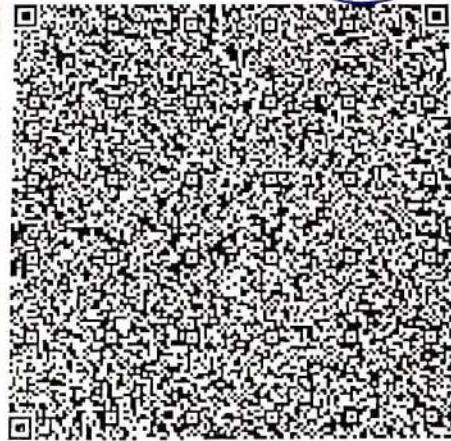
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Certificate ID 59164842526

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Monika Chandore

Age / उम्र

29

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX2677

Unique Health ID (UHID)

48-1408-2208-1566

Beneficiary Reference ID

63997464357470

Vaccination Status / टीकाकरण की स्थिति

Fully Vaccinated (2 Doses) and a Precaution Dose

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

Precaution dose

Date of Dose / खुराक की तारीख

19 Jun 2021

14 Oct 2021

27 May 2022

Batch Number / बैच संख्या

4121Z086

4121Z112

4121MC169

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



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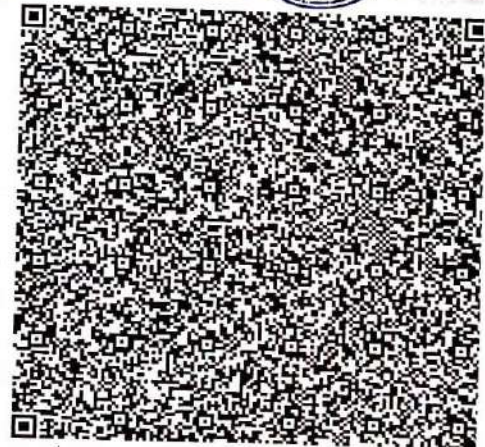
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Certificate ID 47611878627

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Hemlata Birla

Age / उम्र

31

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Aadhaar # XXXXXXXX7764

Unique Health ID (UHID)

20344366631980

Beneficiary Reference ID

Vaccination Status / टीकाकरण की स्थिति

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya Pradesh

Dose Number खुराक की संख्या	Date of Dose खुराक की तारीख	Vaccine Name वैक्सीन का नाम	Batch Number देच संख्या	Vaccine Type टीका का प्रकार	Manufacturer उत्पादक
1/2	05 Jun 2021	COVISHIELD	4121Z089	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	05 Sep 2021	COVISHIELD	4121MC069	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	03 Jun 2022	COVISHIELD	4121MC169	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

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COVID-19”

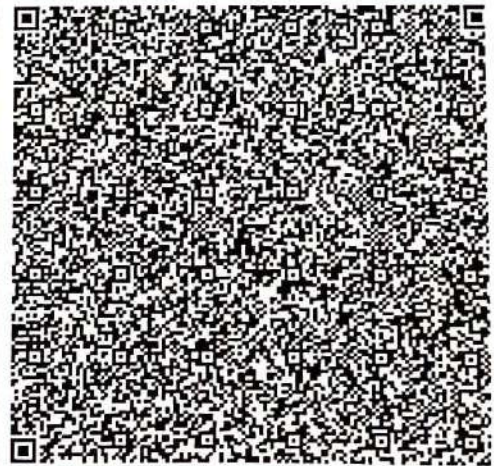
- प्रधानमंत्री



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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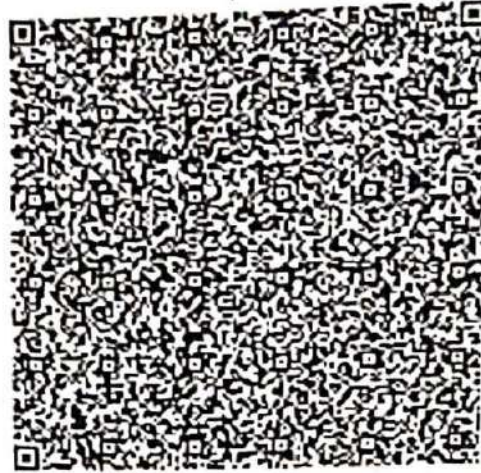
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E-mail : cconursing@yahoo.co.in, choithramoffice@gmail.com
Webiste : www.choithramnursing.com



Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination



Beneficiary Details

Beneficiary Name / लाभार्थी का नाम
Ancy varkey

Age / उम्र
37

Gender / लिंग
Female

ID Verified / पहचान पत्र सत्यापित
Aadhaar # XXXXX0009999

Beneficiary Reference ID
20314613295440

Residing at / पता
Indore
Madhya Pradesh

Vaccination Details

Vaccine Name / टीका का नाम
COVISHIELD

Date of Dose / सुटका की तारीख
12 Mar 2021 (Batch no 41202013)

Vaccinated by / टीका लगाने वाले का नाम
Narmada Patel

Vaccination at / टीकाकरण का स्थान
CHOITHRAM HOSPITAL 01, Indore
Madhya Pradesh

" दयाई भी और कड़ाई भी।
Together, India will defeat COVID-19 "
- Prime Minister Narendra Modi



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टीकाकरण के बाद किसी भी प्रकार के दुष्प्रभाव के मामले में कृपया最近的 Public Health Centre/Healthcare Worker/Occupational Immunisation Officer/State Helpline No. 1075 से संपर्क करें





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Certificate for COVID-19 Vaccination

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Certificate ID 54929770205

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

MR. ANMOL JOSEPH

Age / उम्र

29

Gender / लिंग

Male

ID Verified / पहचान पत्र सत्यापित

Passbook # 20222109858

Unique Health ID (UHID)

20314446980033

Beneficiary Reference ID

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Status / टीकाकरण की स्थिति

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

Precaution dose

Date of Dose / खुराक की तारीख

03 Feb 2021

04 Mar 2021

05 Feb 2022

Batch Number / बैच संख्या

4120Z013

4120Z013

4121AA040M

Vaccinated By / टीका लगाने वाले का नाम

ANUSAIYA RATHORE

Vaccination At / टीकाकरण का स्थान

MOG LINE UPHC, Indore, Madhya Pradesh



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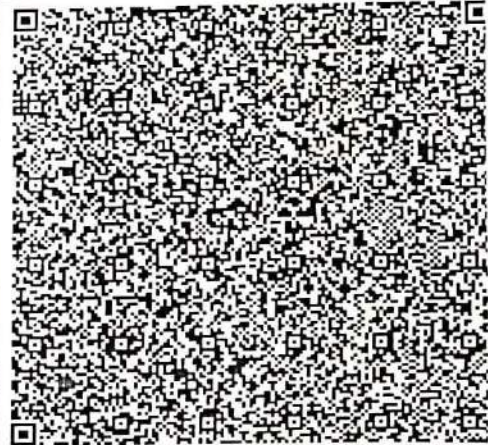
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- प्रधानमंत्री नरेंद्र मोदी

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Certificate ID 15410322930

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	MS.TWINKLE DANIEL
Age / उम्र	26
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Passbook # 38597797831
Unique Health ID (UHID)	
Beneficiary Reference ID	20314590535841
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

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 Precaution dose
Date of Dose / खुराक की तारीख	03 Feb 2021 06 Mar 2021 25 Feb 2022
Batch Number / बैच संख्या	4120Z013 4120Z013 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh



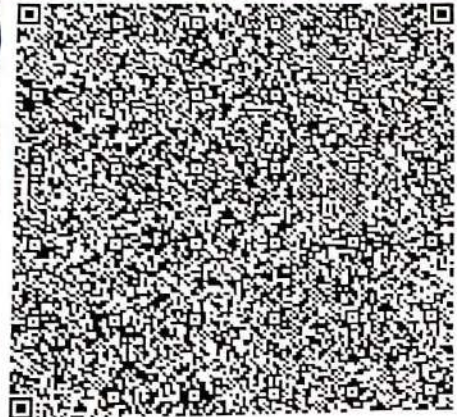
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- प्रधानमंत्री नरेंद्र मोदी

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Certificate ID 66451098292


Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Ankit Jacob Isaac Nand
Age / उम्र	35
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX3799
Unique Health ID (UHID)	
Beneficiary Reference ID	20314145460476
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	10 Feb 2021 13 Jan 2022
Batch Number / बैच संख्या	4121Z112 4121Z112
Vaccinated By / टीका लगाने वाले का नाम	Abhishek Malviya
Vaccination At / टीकाकरण का स्थान	CHOITHRAM HOSPITAL, Indore, Madhya Pradesh

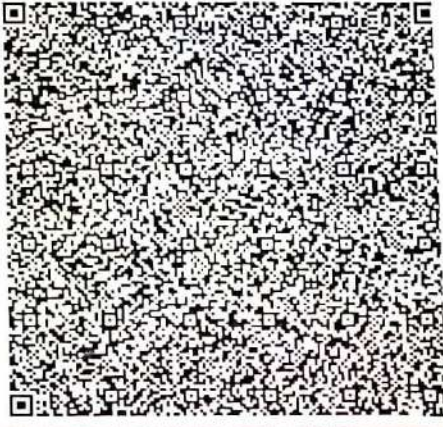




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Certificate ID 37000446956

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

MS.SUNIMOL AJITKUMAR

Age / उम्र

46

Gender / लिंग

Female

ID Verified / पहचान पत्र सत्यापित

Passbook # 53001589115

Unique Health ID (UHID)

20314887810330

Beneficiary Reference ID

Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Status / टीकाकरण की स्थिति

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

Precaution dose

Date of Dose / खुराक की तारीख

19 Feb 2021

19 Mar 2021

01 Feb 2022

Batch Number / बैच संख्या

41202013

41212016

41212112

Vaccinated By / टीका लगाने वाले का नाम

Abhishek Malviya

Vaccination At / टीकाकरण का स्थान

CHOITHRAM HOSPITAL, Indore, Madhya



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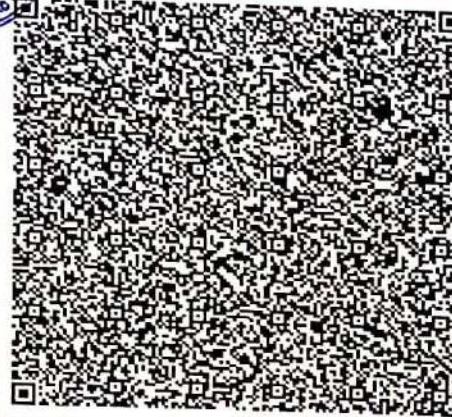
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