VACCINATION CERTIFICATE

Signature of Candidate .....

I, Dr. K. Sreedh

hereby certify that ...DRISSYA.D..... whose signature is

.....

given above has been vaccinated against..... Childhood vaccination all taken

Place: Malampuzha

Date: 17/9/25

Name: Dr. K. Sreedh

Designation: Asst Surgeon

MEDICAL OFFICER
FAMILY HEALTH CENTRE
MALAMPUZHA
PALAKKAD-678 651

OFFICE OF THE FAMILY HEALTH CENTRE
MALAMPUZHA

Seal