CERTIFICATE

MEDICAL CERTIFICATE OF HBS AG/MMR/ COVID-19 / CHICKENPOX VACCINATION

I, Dr. RAJESH.VP Registration No. 37525

certify that I have on 20/8/25 day of month of 2025 year administered the HBS AG/MMR/ CHICKENPOX/ ~~COVID-19 Vaccine to the~~ candidate whose particulars given below:

1. Name of the Candidate	:	DURGA S
2. Father's Name	:	G. SUNDARAN
3. Gender	:	Female
4. Age	:	19
5. Identification marks	:	A Black Mole on Right cheek.
6. Dose	:	I / II / III
7. COVID-19 Vaccination	:	I / II / III

SIGNATURE OF THE APPLICANT

SIGNATURE OF MEDICAL OFFICER

D. Rajesh VP, CMO

NAME AND DESIGNATION 37525

ASSISTANT SURGEON
TALUK HEAD QUARTERS HOSPITAL
ALATHUR, PALAKKAD DIST
PIN 678541

Place: ALATHUR

Date: 20/8/25

Taluk Head Quarters Hospital * Govt. of Kerala Dept. of Health * Alathur, Pin 678541

Office Seal