CERTIFICATE

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

I, Dr. SANGEETHA P.G Registration No. 42794

certify that I have on 20 day of AUGUST 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 : SHRADHA S
2. Father's Name : SAJEETP K
3. Gender : FEMALE
4. Age : 19
5. Identification marks : Black mole on the ® forearm
6. Dose : I / II / III
7. COVID-19 Vaccination : I / II / III

SIGNATURE OF THE APPLICANT

SIGNATURE OF MEDICAL OFFICER

DR. SANGEETHA P.G

NAME AND DESIGNATION

ASSISTANT SURGEON

MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
KOOLIMUTTOM.

Dr. SANGEETHA P.G.
MBBS MS (ENT)
Reg. No. 42794
ASSISTANT SURGEON

Place: FHC KOOLIMUTTAM

Date: 20/8/2025

Office Seal

FAMILY HEALTH CENTRE
KOOLIMUTTOM