

EMPLOYEE FILE CHECK LIST

Name : Manmohan Singh

Designation : Masseuse Therapist Employee Code: JS11U02

Age: 21y Sex. Male

Attachment	Yes	No
Employee Training Calender	✓	
LAB Report	✓	
Job Description Form	✓	
Police verification	✓	
Degree	✓	
Diploma/Reg	✓	
Adhar Card	✓	
Resume	✓	
Appraisal form	✓	
General Medical Testing	✓	
Induction training	/	
Appointment form with privileged	✓	
Job Application form	✓	

Employee Training Calender

Name: Mannmohan Singh Sex: Male Age: 21y

Employee Code: TS11402 Designation: Male Therapist

Employee Training Calender

Name : Mammon Singh Sex: Male Age: 21y

Employee Code: TS11401

Designation : Mall Thorafist

Employee Training Calender

Name: Mannmohan Singh Sex: Male Age: 214

Employee Code: TS11402 Designation: Male Thorist

Employee Training Calender

Name: Mannohar Singh Sex: male Age: 21y

Employee Code: TS11402 Designation: Male Guard

EMPLOYEE TRAINING CALENDAR

Name: Monimjahan Sex: Male Age: 24

Sex: Male Age: 24

Employee Code: TD 11402 Designation: Trainee SF

Designation : Three list

Training Calender

Name : Mr. MANMOHAN SINGH	Collected : 24/12/2021 5:09:00PM
Lab No. : 324255883	Received : 24/12/2021 5:30:57PM
A/c Status : P	Reported : 25/12/2021 1:24:20PM
Ref By : Dr. R.V.SHARMA	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN; Hb* (SLS)	16.60	g/dL	13.00 - 17.00
HEPATITIS B SURFACE ANTIGEN;HBsAg, SERUM** (CLIA)	Non Reactive		Non Reactive

 Specific Antibody Neutralization Assay is performed on all Reactive results.

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, in pregnancy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.

Name	Mr. MANMOHAN SINGH	Collected	24/12/2021 5:09:00PM
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Ref By: Dr. R.V.SHARMA Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
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HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM**

| Final Result : Negative |

HIV 1 / 2 & P 24 COMBO TEST (CMIA)

Index Value	0.07	Index	<1.00
Result	Negative		

Interpretation

RESULT (INDEX)	REMARKS
= 1.00	Positive
< 1.00	Negative

Note

- Positive test result indicates antibody detected against HIV-1/2.
- Negative test result indicates antibody is not detected against HIV- 1/2.
- Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
- Results are reported as per the Strategy 3 of National guidelines of HIV testing by NACO, July 2015.
- False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
- False negative results may occur during the window period and during the end stage of the disease.

Recommendations

- Post-test counseling available between 9 am to 5 pm at LPL laboratories.

Name : Mr. MANMOHAN SINGH	Collected : 24/12/2021 5:09:00PM
Lab No. : 324255883	Received : 24/12/2021 5:30:57PM
Age: 22 Years	Reported : 25/12/2021 1:24:20PM
Gender: Male	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
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MD, Pathology
Consultant Pathologist
Lal PathLabs Ltd

MD, Microbiology
Deputy HOD - Microbiology & Serology
NRL - Dr Lal PathLabs Ltd

Technical Director - Microbiology,
Infectious Disease Serology and
Clinical Pathology

-----End of report-----



* Test conducted under NABL scope MC-2020,LPL-FARIDABAD at FARIDABAD
** Test conducted under NABL scope MC-2113,LPL-NATIONAL REFERENCE LAB at NEW DELHI

IMPORTANT INSTRUCTIONS

- Test results released pertain to the specimen submitted. All test results are dependent on the quality of the sample received by the Laboratory.
- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.
- Sample repeats are accepted on request of Referring Physician within 7 days post reporting. Report delivery may be delayed due to reseen circumstances. Inconvenience is regretted.
- Certain tests may require further testing at additional cost for derivation of exact value.
- Kindly submit request within 72 hours post reporting.
- Test results may show interlaboratory variations.
- The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).
- Test results are not valid for medico legal purposes.
- Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
- (#) Sample drawn from outside source.

APPLICATION FOR EMPLOYMENT

CENTER NAME

CENTER ADDRESS:

Position Applier for: Therapist

Referred by: Placement/Employee/Newspaper Advt./Customer

Personal Information

Name: MannMehan Singh

Like to be called as: _____

Date of Birth: 01/02/1999

Place of Birth: Tarakat

Sex: Male/Female

Mother Tongue: Hindi

Present Address: Hawali, F-426 Block-E, SGN Nager Faridabad
Haryana - 121001
 City Faridabad Pin Code 121001

Tel. No. Mobile: 8755505764 Email ID: ayur.mannusinh@gmail.com

Res _____
 Off _____

Languages Known: HINDI, Thoda English.

Family History: Married/Single

Wedding date: _____

Name	Relationship	DOB	Occupation	Dependent
<u>Jayneet Dev</u>	<u>Mother</u>		<u>Housewife</u>	<u>(Y/N)</u> <u>Y</u>
<u>Atef Singh</u>	<u>Brother</u>		<u>Student</u>	<u>(Y/N)</u> <u>Y</u>
				<u>(Y/N)</u>
				<u>(Y/N)</u>

Personal Attributes

Your Strength - Mother

Your Weakness - I



Academics, Functional Knowledge & Skills Information

Educational Information

SSC to Graduation

Particulars	MM/YY of Completion	College/University	Marks & %	Regular/Distance
SSC	2017	G.I.C Jumna	294	Regular
HSC	2018	G.I.C Shivalik	248	Distance
Graduation (Specify Specialization)	2018 Diploma in Panchakarma	Dehradun minis	80%	Regular

Professional Qualification

Qualification	MM/YY of Completion	College/University	Marks & %	Main subjects	Regular/Distance
Diploma	2018	Dehradun minis	323		Regular

Any other Knowledge/Skill areas, special assignments, projects, training you would like to specify

Computer SeoCA Certificate

Work Experience, Reporting Structure & Compensation Information

Work Experience: No. of Years: 4 years

Duration	Total No. of Months	Designation & Name of the Organization	Nature of Duties	Reason for leaving
From mm/yy	To mm/yy			
June 2007	May 2018	24 months	Therapist Ayurved Hospital	Aquash Hospital
2018	2020	48 months	Tivra Ayurved	Tivra Ayurved

Holidays/Leaves

Each employee will be given weekly off (not necessary Sunday due to Patient convenience and nature of Job role). It will help in rejuvenate oneself and take rest.

The leave rules are based on Calendar year.

12 public holidays will be declared every year. Not all employees can avail this facility due to the nature of business. Compensatory off or overtime to be given for the employees, as they could not avail the public holiday.

The list of holidays will be put on the notice board.

The leaves admissible below are exclusive of intervening holidays and can be taken at such time as may be convenient to the employer. Leaving aside emergencies, prior information shall be given as far as possible before availing leaves and two types of leaves shall not be availed in continuation.

Employees' entitlement of causal, sick and Earned leave will be as per the clinic norms.

Leave taken (SL/CL/PL) to be intimated to HRD through leave card to avoid loss of pay.

	Casual Leave	Sick Leave	EL
Entitlement	days	on Actual	days
Accumulation	06	06	06 days
Notice	Day/Telephonic	Telephonic	days

Only Non-ESIC staff can avail sick leave on actual, subject to providing the actual Documentary proof of Hospitalization.

Maternity Leave

Maternity Leave may be granted to a female staff with less than two surviving children, for a period of upto3 months (84 days) on full pay (only for Non ESI covered employees) and for other staff which is covered under ESI, will be taken care as per ESI policy.

Maternity Leave may also be granted on full pay (only for Non ESI covered employees) Including miscarriage and abortion, subject to the condition that the leave applied for does not exceed 45 days in entire service and the application for leave is supported by a medical certificate.

Paternity Leave

Male staff with less than two children may be granted 15 days Paternity leave during the confinement of his wife for childbirth on full pay (only for Non ESI covered employees) and for other staff which is covered under ESI, will be taken care as per ESI policy.

Ref. E2c - S/J8

Date 31/05/18

EXPERIENCE CERTIFICATE

Certified that

worked
in this hospital as a Panchakarma Therapist From 01/06/17 to
31/05/2018. During this stay he is very hard working, skilled and
honest at his work. I wish him all the best.

JOB APPLICATION FORM

APPLICANT SECTION

Personal details

Given name: Mannu Singh Family name:

Preferred name:

Address: Shop. No. 2, Basement Ghushara Complex, Near Neelam Flyover, Sec. 20-B, Ajronda Chowk, Pasidebad, Hoshiarpur 141001

Telephone Daytime: 9 am to 6 pm Mobile: 9289345619

Email: ayur.mannu.singh@gmail.com

Current qualifications

Qualification title	Institution/training provider	Year completed
<u>Diploma Panchkarma</u>	<u>Uttarakhand University</u>	<u>2018</u>
<u>12th PSSB</u>	<u>Gaurav School U.P.</u>	<u>2017</u>
<u>10th PSSB</u>	<u>Govt School U.K</u>	<u>2013</u>

Are you currently undertaking study/training?
(tick one)

Yes No

If yes, course/program name:

(tick one) Full time Part time Distance Other

Previous employment (most recent first)

Employer name/establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date
<u>Ayush Herbs</u>	<u>1/02/20</u>	<u>Panchkarma Therapist</u>		

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date
	99810940187	Doctor	—
Credentialing and privilege			

What type of work are you
available for? (tick one)

Full time

Part time

Casual

When will you be available for work?

Please provide any other information that you identify as being pertinent to this application
(eg medical conditions, disabilities)

— Not any disabilities

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Terms & Condition

- 1 Training Period -1 Month On Stephen .
- Probation Period – 1 Months, if staff leave the job with for leaving . One month period Notice and with the approval of M.S is only acceptable otherwise one month salary will be deducted.
- If Company terminates from the duty Immediately then 15 Days salary will be given to you.
- Yearly blood test and other medical facility provide by the Institute will be given to you.
- Employee has to provide police verification .
- Dress charges will be deducted from first month salary.
- Employee has to follow Rule and Regulation of Clinic
- Employee has to provide details as per Best of these knowledge to c

Signed: Monneethan

Date:

2/08/2021

उत्तराखण्ड विद्यालयी शिक्षा परीक्षा प्राप्ति
BOARD OF SCHOOL EDUCATION UTTARAKHAND



इण्टरमीडिएट परीक्षा - २०१७
INTERMEDIATE EXAMINATION - 2017

प्रमाणपत्र-सह-अंकपत्र (CERTIFICATE-CUM-MARKSHEET)

अनुक्रमांक Roll No.	जनपद/विद्यालय कोड Distt./School Code	संस्थानत/व्यक्तिगत Regular/Private	परीक्षा प्रवर्ग Exam Type	प्रमाणपत्र क्रमांक Certificate S.No.

प्रमाणित किया जाता है कि This is to certify that

परिषद् के अभिलेखानुसार according to the Board's record MANN

आत्मज/आत्मजा श्रीमती Son/Daughter of

एवं श्री and

ने मार्च / अप्रैल २०१७ में आयोजित इण्टरमीडिएट परीक्षा विद्यालय has passed Intermediate Examination held in

March/April, 2017 from School .

से निम्न विवरणानुसार उत्तीर्ण की है with the following details -

विषय कोड SUB CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय POSITIONAL GRADE	परिणाम RESULT
		सैद्धान्तिक THEORY	प्रयो. PR.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)		
101	HINDI	063		063	SIXTY THREE	B1	248/500
103	ENGLISH	039		039	THIRTY NINE	C2	PASSED
129	PHYSICS	019	025	044	FORTY FOUR	D2	SECOND
130	CHEMISTRY	022	021	043	FORTY THREE	D2	DIVISION
131	BIOLOGY	035	024	059	FIFTY NINE	B2	

30 MAY 2017

(विनोद प्रसाद सिमल्टी)
(VINOD PRASAD SEMALTI)
सचिव (SECRETARY)

भारतीय चिकित्सा परिषद्, उत्तराखण्ड



पंचकर्म सहायक/टैक्नीशियन निबन्धन प्रमाण-पत्र

निबन्धन संख्या :

निबन्धन तिथि : 09.01.2019

1. नाम श्री/श्रीमती/कृ०
2. पिता/पति का नाम श्री
3. जन्मतिथि (अंकों में) 01.02.1999
(शब्दों)
4. स्थायी पता
5. पत्राचार का पता
6. अर्हता

प्रमाणित किया जाता है कि भारतीय चिकित्सा परिषद्, उत्तराखण्ड (बोर्ड ऑफ आयुर्वेदिक एण्ड यूनानी, तिब्बी सिस्टम्स ऑफ मेडिसिन, उत्तराखण्ड) के पंचकर्म सहायक/टैक्नीशियन पंजिका के राज्य रजिस्टर में प्रविष्ट कर लिया गया है और यह उस आलेख की 'अविकल प्रतिलिपि' है।



बीरेन्द्र दत्त मैठाणी
(Signature)

देहरादून, दिनांक : 09.01.2019

क्रमांक

भारतीय चिकित्सा परिषद, उत्तराखण्ड



पंचकर्म सहायक/टैक्नीशियन प्रशिक्षण प्रमाण-पत्र

[DIPLOMA IN PANCHAKARMA ASSISTANT/TECHNICIAN]

नामांकन संख्या :

प्रमाणित किया जाता है कि श्री/श्रीमती/कु0

अनुक्रमांक आत्मज/आत्मजा/पली

ने भारतीय चिकित्सा परिषद, उत्तराखण्ड द्वारा निर्धारित पाठ्यक्रमानुसार
पंचकर्म सहायक/टैक्नीशियन प्रशिक्षण (सैद्धान्तिक एवं क्रियात्मक) वर्ष
2018 की परीक्षा श्री आयुष हॉस्पिटल एवं रिसर्च इन्स्टीट्यूट, ओल्ड
नेहरु कालोनी, देहरादून से उत्तीर्ण की है।



(बीरेन्द्र दत्त मैठाणी)
रजिस्ट्रार

दिनांक : 09.01.2019



भारतीय चिकित्सा परिषद्, उत्तराखण्ड

Bhartiya Chikitsa Parishad, Uttarakhand

Marksheet for the Examination

Panchkarma Sahayak(Technician)

Student Name:

Enrollment No.

Admission Year: 2017

College : Shri Ayush Hospital and Research Institute, Old Nehru Colony, Dehradun

Roll No.:

Exam Year: 2018

Subject Name	Theory	Practical	Total
	77/100	-	77/100
	75/100	-	75/100
	76/100	-	76/100
Current Total	228/300	95/100	323/400
Last Year Total	-	-	-
Grand Total	-	-	323/400

Result: PASS

Date: 20-Nov-2018

Sati
Checked By-1

Sati
Checked By-2

Sati
Registrar
रजिस्ट्रार
भारतीय चिकित्सा परिषद्
उत्तराखण्ड

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CURRICULUM VITAE

**VILLAGE- TARAKOT, PO-TARAKOT
Tehsil – Chinyalisor, Distt – Uttarkashi,
Uttarakhand - 249152**

OBJECTIVE:-

- ❖ Being an honest hardworking and co-operative person I would like to work in competitive and motivating environment where I can earn more knowledge and enhance my skills and ability

❖

■ QUALIFICATION:-

➤

➤

➤

➤

➤

➤

➤

TRAINING SUMMARY AND WORK EXPERIENCE:-

- ❖ Current work in shuddhi ayurveda panchakarma clinic in faridabad.
- ❖ Two years work in Maharishi Ayurveda wellness center DLF phase iv Gurgaon Haryana-122009-(Senior therapist)
- ❖ One year work experience in SHREE AYUSH HOSPITAL & RESEARCH INSTITUTE in old Nehru Colony, Dharampur Dehradun. 1 July 2017 to 31 May 2018.

- ❖ One year Work experience in PANCHKARMA & SPA THERAPY in Five Star Hotel VIJAY INTERCONTINENTAL Tilak Nagar Kanpur 20 May 2018 to 25 June 2019
- ❖ Six month experience in premadhaar Hospital Rohini Delhi 1 July to 15 Nov 2019
- ❖ I have experienced Reception handling and Doctor prescription also comes to understand.
- ❖ I have attended medical camps and yoga-shivir arranged by my college.
- ❖ I have my patients with my Senior doctors and assist them in.
- ❖ Experience in Migraine Patients.
- ❖ Experience in Paralysis Patients.
- ❖ Experience in Joint Pain Patient.
- ❖ Experience in Frozen, Shoulder Patient
- ❖ Experience in Cervical Spondylosis Patient
- ❖ Experience in Osteoarthritis Patient
- ❖ Experience in Rheumatoid arthritis Patient
- ❖ Experience in Ankylosing, spondylitis
- ❖ Experience in Knee Joint Pain.

Key Deliverables

- ❖ Assessing mental status of patients
- ❖ Understand the treatments prescribed and perform correctly
- ❖ Using holistic techniques to help patients to get good results
- ❖ Upholding the hygiene standards

- ❖ Maintain healthy work environment
- ❖ Maintain daily record of treatments and products used
- ❖ Maintain equipments
- ❖ Maintain coordination between patients and treatments
- ❖ Attend staff meetings time to time

❖ **"EXPERIENCE IN PANCHAKARMA THERAPIES" and LEECHING THERAPIES:-**

- 1. Shirodhara
- 2. Shiro Abhyanga
- 3. Shiro Lapam
- 4. Shiro Vasti
- 5. Nasyam
- 6. Greeva Vasti
- 7. Netra Tarpan
- 8. Abhyangam
- 9. Kati Vasti
- 10. Janu Vasti
- 11. Chakra Vast
- 16. Prshth Vasti
- 21. Baluka swed
- 22. Hirdaya Vasti
- 23. Matra Vasti
- 24. Anuvasan Vasti
- 25. Vatran Vasti
- 26. Kashaya Vasti
- 27. Lekhan Vasti
- 28. Sarvang Dhara
- 29. Udwarthanam
- 30. Patra Pinda Sweda(PPS)
- 31. Poodi kizi (SPS)
- 32. Navra kizi (SSPS)
- 33. Mansa kizi
- 34. Naranga kizh
- 17. Talam
- 18. Takradhara
- 19. Ksheeradhara
- 20. Karan puran
- 35. Foot Reflexology
- 36. Raktamokshan
- 37. Vrachan
- 38. Vaman
- 39. Facial
- 40. Deep Tissue Massage
- 41. Thai Massage
- 42. Shiro Pichu
- 43. Shira Vedam
- 44. Bandaging
- 45. Acupressure
- 46. Agnikarma
- 47. Body Policing
- 48. MukhaLepam
- 49. Kawal
- 40. Gandus
- 41. Ekang Swed
- 42. Ekang Dhara
- 43. Sarvang Sweden

PERSONAL INFORMATION:-

❖ Father's Name :
❖ Date of Birth :
❖ Gender :
❖ Marital Status :
❖ Language :
❖ Height :
❖ Weight :

DECLARATION:-

I hereby declare that the information provided above by me is true and correct to the best of the knowledge and belief.

Date :

Place :

EMPLOYEE APPRAISAL FORM

Not AVV

Date: _____	Examining Tenure Date _____	to Date _____
Name Of Employee: Employee Code :	Completed By:	

A. Most Successful Job Accomplishments Since Last Performance Period :

1. _____
2. _____

Name Dr Training Attended _____

New Certification _____

B. Key Strengths Of Employee:

1. _____
2. _____
3. _____
4. _____

C. Performance in Last Leaving Point :

1. _____
2. _____
3. _____
4. _____

D. Key Areas That Need Improvement:

1. _____
2. _____

E. Teamwork Ability:

1. _____
2. _____

Appraisal
● Salary
● Bonus
● Post

Given By

Approved By
Forwarded By

✓ —

GENERAL MEDICAL TESTING

Date :

Doctor Name :

Name of Employee

Employee Code : ..

Department Head

General Examination :

1. B.P - 110/80 mm Hg
2. Weight - 50 Kgs
3. Pulse - 76/min
4. Eye sight - 6/6
5. Chest - 38
6. Height - 5'5"
7. Any chronic disease - No
8. Allergy if / Any - No

Comment :

Mannathu was physically fit. to do work with us.

INDUCTION TRAINING

Name Mannomon

Sex: Male Age: 23y

Trainer:

Department: Panchkarma clinic

Old Experience: 05

Job Application Now: Male therapist

Date Initiation of Training: Oct 2021

Name of Completion of Training

- 1) CPR
- 2) Fire
- 3) Code
- 4) MRD
- 5) Bio Medical Waste
- 6) Receptionist
- 7) Pharmacist
- 8) Panchkarma Training

- 9) Triage
- 10) HIC
- 11) Emergency Patient
- 12) Combat Infection Training
- 13) Scope non Scope
- 14) Safety through
- 15) SOP
- 16) Vulnerable Patient

1.) Clinic- Vision/Mission/Ownership: explained

2.) Employee Rights and Responsibilities. explained

3.) Organization hierarchy explained

4.) Theory Training Points. explained

5.) Practical Training Points. already attached hard copy

6.) Training given Training given

7.) Goal of Job: Become a Good Pharmacist

8.) Aim of Job: Become a Successful

Comments about trainee: hard working

Signature of Trainer:

Signature

Dear

On Behalf of

I am pleased to offer you the full time employment for the position of Therapist at Jeena Sikho Lifecare Private Limited SHOP NUM with a start date

09-AUGUST-2021 You are required to report to HR Department for your joining formalities.

Your Total ITC will be Rs. 20,000/- per month.

Please ensure that you bring in the following documents on the first day of your joining:

1. Six passport size colored photographs.
2. Photocopy of Photo ID & Address Proof (Aadhar Card/ Pan Card)
3. Photocopy of education certificates.
4. A proof of resignation/ resignation letter/ acceptance proof from the previous employer.
5. Experience certificate (previous employers)
6. Salary slips photocopy/ copy of their appointment letter (of previous company)

You will be on the probation period for 03months which may further be extended to 06in case of non-performance.

During Probation you are required to serve notice period of minimum 15 days and after probation notice period of minimum 30 days.

Please confirm your acceptance of this offer by signing and returning this letter by 09-AUGUST-2021.

Looking forward for a long time association with us and wishing you great success with Jeena Sikho Lifecare Limited

Your Key Responsibilities are as follows:-

- ✓ Provides Panchkarma therapies and helps to run smoothly by supporting all of the activities at the Hospital / Clinic.
- ✓ Performs daily Panchkarma therapies as scheduled
- ✓ Preparing the therapy room with necessary equipment, oils, herbs, etc, perf----- as well as cleaning and setting up the room for the next therapy.

Sincerely,

For Human Resource

Candidate's Signature

Date: 09-AUGUST-2021.

Date: 09-AUGUST-2021.





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

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Age / ३५

Gender / लिंग

ID Verified / पहचान पत्र सत्यापित

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Status / टीकाकरण की स्थिति

Partially Vaccinated (1 Dose)

Vaccination Details

Vaccine Name / वैक्सीन का नाम

COVISHIELD

Vaccine Type / टीका का प्रकार

Manufacturer / उत्पादक

Dose Number / खुराक की संख्या

Date of Dose / खुराक की तारीख

Batch Number / बैच संख्या

Next Due Date / अगली नियत तिथि

Vaccinated By / टीका लगाने वाले का नाम

Vaccination At / टीकाकरण का स्थान



“दवाई भी और कड़ाई भी..

Together, India will
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

COWIN

Winning Over COVID

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