



Ministry of Health - Sri Lanka
Certificate of COVID-19 Vaccination

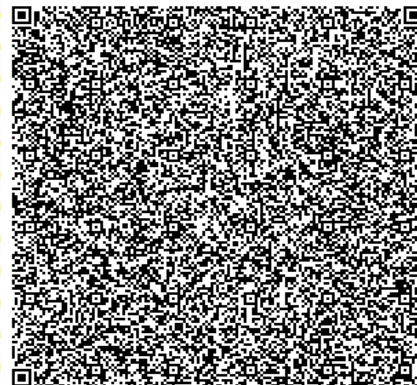
1. **Beneficiary Name** / ප්‍රතිලාභියාගේ නම / நலன் பெறுநர் பெயர்
Sample Name

2. **Residential Address** / පදිංචි ලිපිනය / வதிவிட முகவரி
No. 00, Main Road, Good Town

3. **Gender** / ස්ත්‍රී පුරුෂ භාවය / பாலினம்
Male

4. **Date of Birth** / උපන් දිනය / பிறந்த தேதி
01-Jan-1980

5. **Verified Identity Number** / අනන්‍යතාවය / அடையாள எண்
NIC: 123456789v / Passport: NL000000



6. **Vaccination Details** / එන්නත් කිරීමේ විස්තර / தடுப்பூசி விபரங்கள்

	Vaccine Doses		
1. Date	01-May-2021	01-Jun-2021	
2. Vaccine Product	ASTRAZENECA / COVISHIELD	ASTRAZENECA / COVISHIELD	
3. Batch Number	COVISHIELD - 4020Z025	COVISHIELD - 4120Z025	

7. **Vaccination Status** / එන්නත් කිරීමේ තත්වය / தடுப்பூசி நிலை
2 doses given

8. **Date of Issue** / නිකුත් කරන දිනය / வழங்கப்பட்ட திகதி
18-Oct-2021

Secretary of Health

Verification Portal
<https://cert.covid19.gov.lk>

