



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

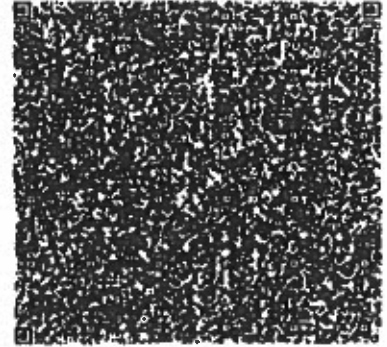
1. Beneficiary Name / ප්‍රතිලාභියාගේ නම / நலன் பெறுபவர் பெயர்  
Sample Name

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>

