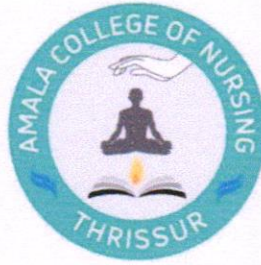




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AMALA COLLEGE OF NURSING AQAR (2023-2024)



CRITERION 8 – B 3 NURSING COLLEGE

Key Indicator 8.1

Metric No. 8.1.4 Number of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work during the year

SUBMITTED TO



National Assessment and Accreditation Council

**ATTESTED COPIES OF
VACCINATION CERTIFICATES**



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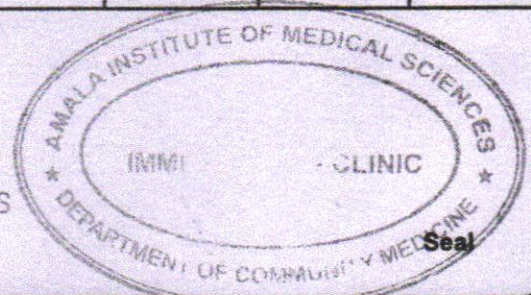
Name: JESNAL BIJOE

Age: 20 Gender: M

Vaccine: BEVAC Hep B vaccination Hospital ID: 3169901

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	20/12/23	20/12/23			Nm
2 nd Dose (1 month)	20/01/24	21/2/24			Nm
3 rd Dose (6 months)	20/06/24				
Booster Dose					

Dr. SANDRA PAULSON
MEDICAL OFFICER
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Name: Jesbin Baiju

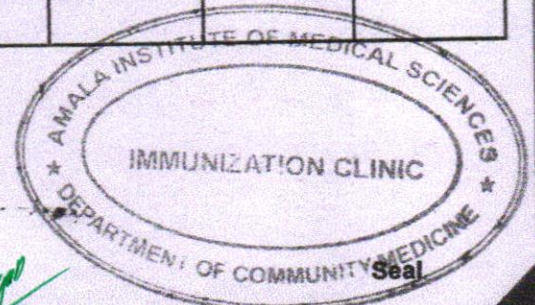
Age: 18 Gender: M

Vaccine: BEVAC

Hospital ID: 3169899

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	16/12/23	16/12/23	5/26	220501323A	Dr.
2 nd Dose (1 month)	16/01/24	31/1/24	5/26	220501323A	Dr.
3 rd Dose (6 months)	16/06/24				
Booster Dose					

Dr. Jose Vincent
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Name: Rose Theresa

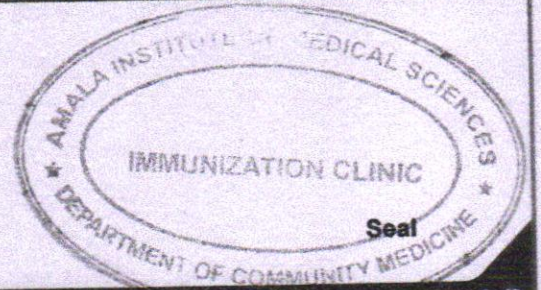
Age: 18 Gender: F

Vaccine: BEVAC

Hospital ID: 3170185

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	1/1/24	1/1/24	220501B235/26		<u>NDP</u>
2nd Dose (1 month)	1/2/24	3/2/24			<u>NDP</u>
3rd Dose (6 months)	1/7/24				
Booster Dose					

NDP
Dr. Sneha George
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Name: Pooja

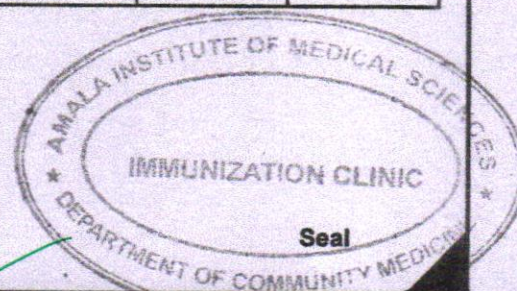
Age: 19 Gender: F

Vaccine: BEVAC

Hospital ID: 3170178

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	1/1/24	1/1/24	220501B235/26		<u>NDP</u>
2nd Dose (1 month)	1/2/24	3/2/24			<u>NDP</u>
3rd Dose (6 months)	1/7/24				
Booster Dose					

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Name: MERIN

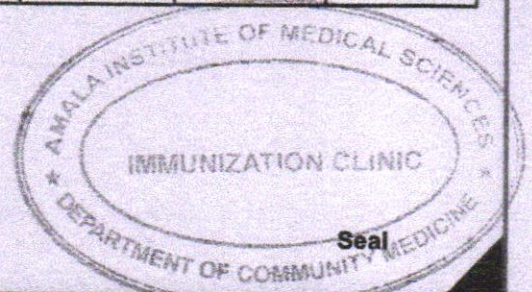
Age: 18 Gender: F

Vaccine: BEVAC

Hospital ID: 3168496

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	01/01/24	01/01/24	22050132B	5/26	Ndm
2nd Dose (1 month)	01/02/24	09/02/24			Ndm
3rd Dose (6 months)	1/07/24				
Booster Dose					

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Name: Saniya Sabu

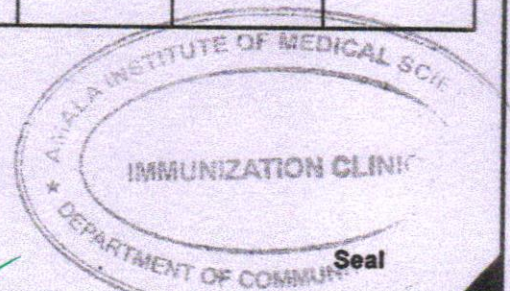
Age: 18 Gender: F

Vaccine: BEVAC

Hospital ID: 3170196

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	2/1/24	2/1/24	22050132B	5/26	Ndm
2nd Dose (1 month)	2/2/24	5/2/24			Ndm
3rd Dose (6 months)	2/7/24				
Booster Dose					

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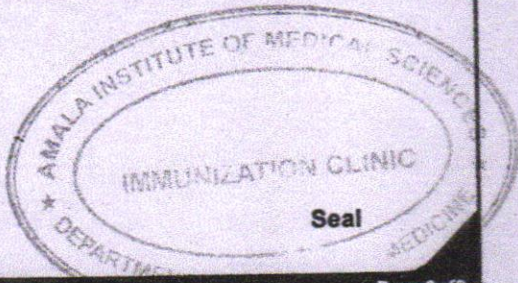
Name: SHANA SHERIN Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3171859

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)		5/2/24	220501323	5/26	<i>[Signature]</i>
2 nd Dose (1 month)	5/3/24	11/3/24	220501321	5/26	<i>[Signature]</i>
3 rd Dose (6 months)	5/8/24				
Booster Dose					

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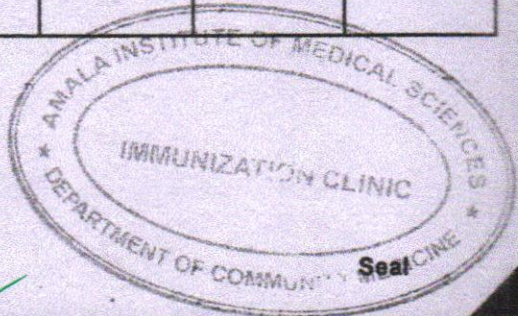
Name: Nandana Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3169945

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	1/1/24	1/1/24	220501323	5/26	<i>[Signature]</i>
2 nd Dose (1 month)	1/2/24	2/2/24			<i>[Signature]</i>
3 rd Dose (6 months)	1/7/24				
Booster Dose					

Dr. Sneha Georgy
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Name: Ninza Fortune KA

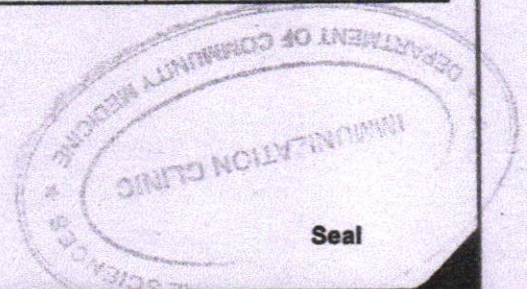
Age: 18 Gender: R

Vaccine:

Hospital ID: 3170156

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	<u>09/02/24</u>	<u>09/02/24</u>	<u>BEVAC[®] HEPATITIS B VACCINE (DNA) LP</u>		<u>NM</u>
2 nd Dose (1 month)	<u>09/03/24</u>	<u>11/3/24</u>	<u>220501323</u>	<u>5/26</u>	<u>NM</u>
3 rd Dose (6 months)	<u>09/08/24</u>				
Booster Dose					

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Name: SWETHA T.T.

Age: 19 Gender: F

Vaccine:

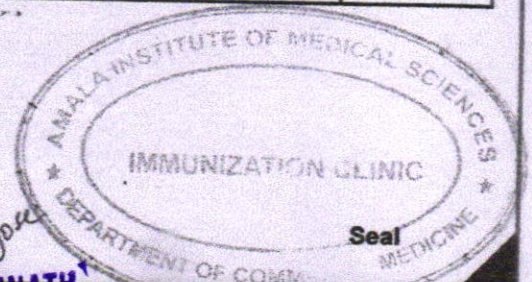
BEVAC[®]

Hospital ID: 3170209

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)		<u>5/2/24</u>	<u>220501323</u>	<u>5/26</u>	<u>NM</u>
2 nd Dose (1 month)	<u>5/3/24</u>	<u>11/3/24</u>	<u>220501333</u>	<u>5/26</u>	<u>NM</u>
3 rd Dose (6 months)	<u>5/8/24</u>				
Booster Dose					

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Name: Seethalakshmi P.S

Age: 19 Gender: F

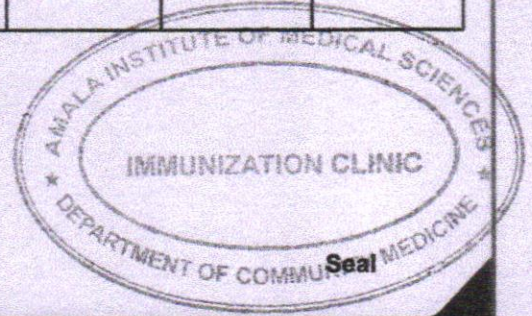
Vaccine: BEVAC.

Hospital ID: 3170201

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	2/1/24	2/1/24	220501323	5/1/26	NM
2 nd Dose (1 month)	2/2/24	2/2/24			NM
3 rd Dose (6 months)	2/7/24				
Booster Dose					

for Dr. Sneha Georgey.
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Name: Alna Antony

Age: 18 Gender: F

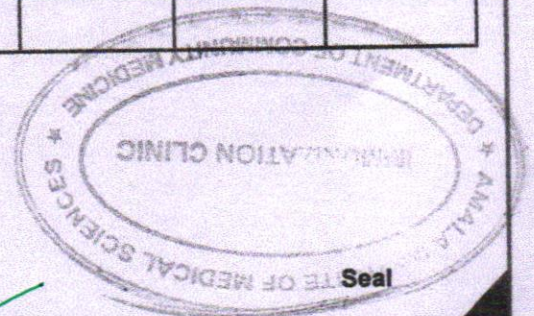
Vaccine: BEVAC

Hospital ID: 3166045

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	09/02/24	9/2/24			NM
2 nd Dose (1 month)	09/03/24	11/03/24			NM
3 rd Dose (6 months)	09/08/24				
Booster Dose					

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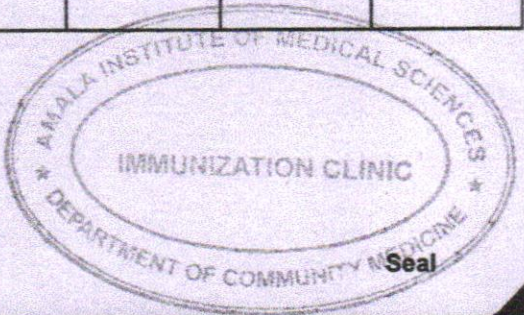
Name: Sariyamol E-J Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3170195

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	<u>2/1/24</u>	<u>2/1/24</u>	<u>220501323</u>	<u>5/26</u>	<u>Ndm</u>
2nd Dose (1 month)	<u>2/2/24</u>	<u>3/2/24</u>			<u>Ndm</u>
3rd Dose (6 months)	<u>2/7/24</u>				
Booster Dose					



For Dr. Sneha Georgy
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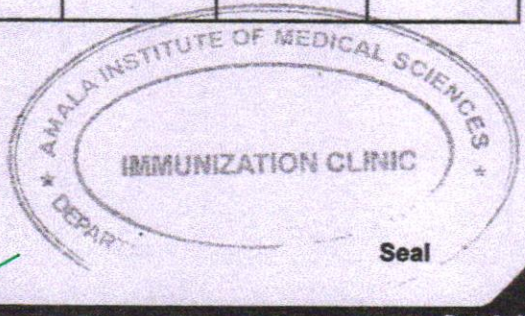
Name: Saeja Saji Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3170206

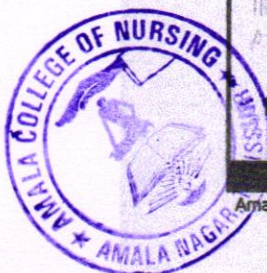
HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	<u>2/1/24</u>	<u>2/1/24</u>	<u>220501323</u>	<u>5/26</u>	<u>Ndm</u>
2nd Dose (1 month)	<u>2/2/24</u>	<u>5/2/24</u>			<u>Ndm</u>
3rd Dose (6 months)	<u>2/7/24</u>				
Booster Dose					



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Name: Sonu Soosan

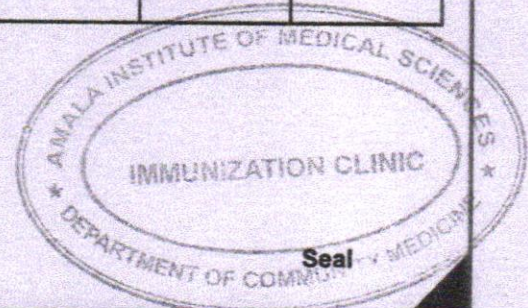
Age: 17 Gender: F

Vaccine: BEVAC

Hospital ID: 3170204

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	<u>2/1/24</u>	<u>2/1/24</u>	<u>220501323</u>	<u>5/26</u>	<u>NM</u>
2 nd Dose (1 month)	<u>2/2/24</u>	<u>5/2/24</u>			<u>NM</u>
3 rd Dose (6 months)	<u>2/7/24</u>				
Booster Dose					

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Name: Seethulakshmi Biju

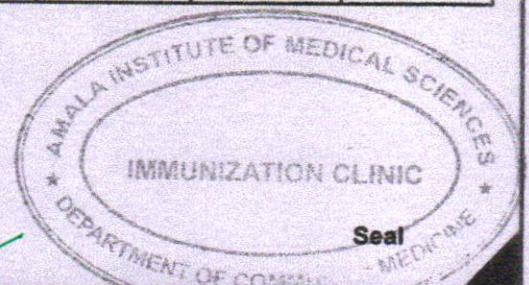
Age: 18 Gender: F

Vaccine: BEVAC

Hospital ID: 3170202

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1 st Dose (0 month)	<u>2/1/24</u>	<u>2/1/24</u>	<u>220501323</u>	<u>5/26</u>	<u>NM</u>
2 nd Dose (1 month)	<u>2/2/24</u>	<u>5/2/24</u>			<u>NM</u>
3 rd Dose (6 months)	<u>2/7/24</u>				
Booster Dose					

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Name: SARDAR

Age: 18 Gender: F

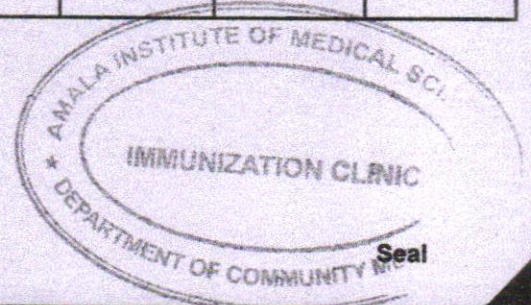
Vaccine: BEVAC

Hospital ID: 3170198

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	21/1/24	21/1/24	220501323	5/26	NM
2nd Dose (1 month)	22/2/24	31/2/24	BEVAC [®] HEPATITIS B VACCINE (DNA) LP Batch No. : 220501323 Expiry Date: 2027-05-26		NM
3rd Dose (6 months)	27/7/24				
Booster Dose					

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Name: SANDAR Saji

Age: 18 Gender: F

Vaccine: BEVAC

Hospital ID: 3170193

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	21/1/24	21/1/24	220501323	5/26	NM
2nd Dose (1 month)	22/2/24	31/2/24	BEVAC [®] HEPATITIS B VACCINE (DNA) LP Batch No. : 220501323 Expiry Date: 2027-05-26		NM
3rd Dose (6 months)	27/7/24				
Booster Dose					

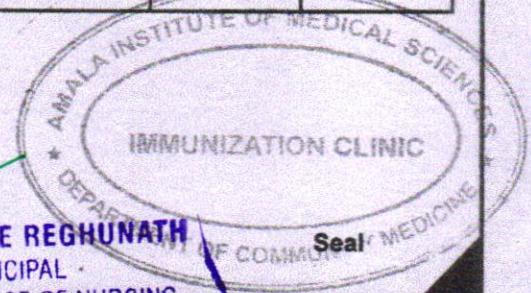
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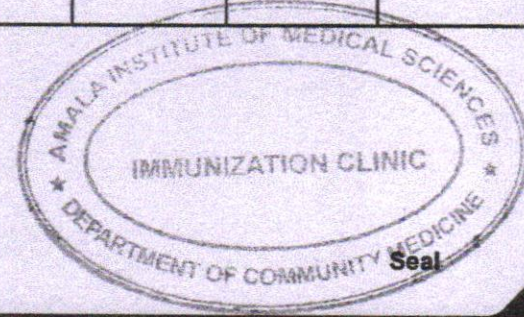
Name: Nisthula Age: 19 Gender: F

Vaccine: BEVAC Hospital ID: 3170159

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	<u>1/1/24</u>	<u>1/1/24</u>	<u>220501323</u>	<u>5/26</u>	<u>ASP</u>
2nd Dose (1 month)	<u>1/2/24</u>	<u>2/2/24</u>			<u>ASP</u>
3rd Dose (6 months)	<u>1/7/24</u>				
Booster Dose					


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 VACCINE (S/M/L)
 Batch No. 220501323
 Expiry Date: 05/2026

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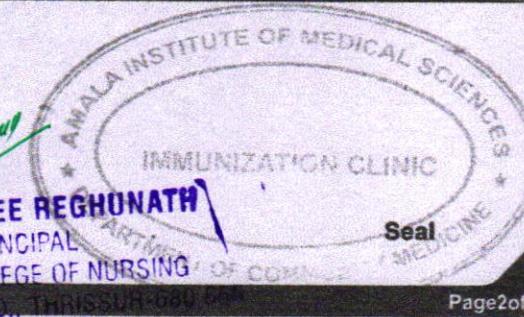
Name: Nisha Devassy Age: 19 Gender: F

Vaccine: BEVAC Hospital ID: 2972845

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	<u>2/1/24</u>	<u>2/1/24</u>	<u>220501323</u>	<u>5/26</u>	<u>NDR</u>
2nd Dose (1 month)	<u>2/2/24</u>	<u>3/2/24</u>			<u>NDR</u>
3rd Dose (6 months)	<u>2/7/24</u>				
Booster Dose					


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 VACCINE (S/M/L)
 Batch No. 220501323
 Expiry Date: 05/2026

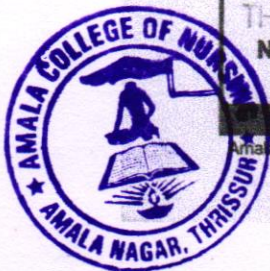
For Dr. Sneha George
 MEDICAL OFFICER
 IMMUNIZATION CLINIC
 AMALA INSTITUTE OF MEDICAL SCIENCES
 Name & Signature of Medical Officer


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 IMMUNIZATION CLINIC
 DEPARTMENT OF COMMUNITY MEDICINE
 Seal

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Department of Community Medicine HEPATITIS B VACCINATION CERTIFICATE

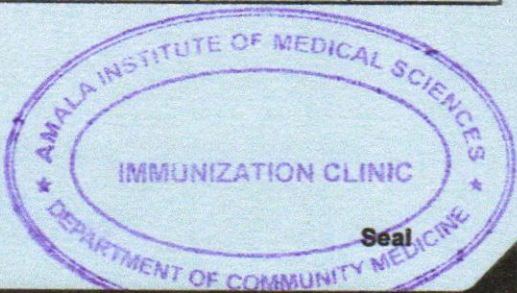
Name: Neethu K Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3170155

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	<u>1/1/24</u>	<u>1/1/24</u>	<u>22050022</u>	<u>5/26</u>	<u>ASP</u>
2nd Dose (1 month)	<u>1/2/24</u>	<u>2/2/24</u>			<u>nm</u>
3rd Dose (6 months)	<u>1/1/24</u>				
Booster Dose					

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Department of Community Medicine HEPATITIS B VACCINATION CERTIFICATE

Name: Naomi Age: 18 Gender: F

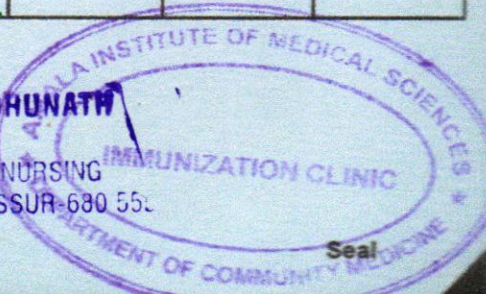
Vaccine: BEVAC Hospital ID: 3169946

HEP B VACCINATION	Due Date	Administered Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	<u>1/01/24</u>	<u>01/01/24</u>	<u>220500323</u>	<u>5/26</u>	<u>ASP</u>
2nd Dose (1 month)	<u>1/02/24</u>	<u>2/2/24</u>			<u>nm</u>
3rd Dose (6 months)	<u>1/07/24</u>				
Booster Dose					

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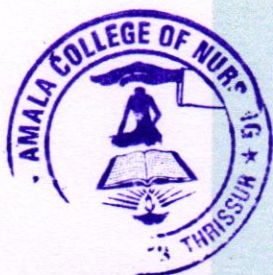
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NAME: AMY ANDREWS GENDER: F
VACCINE: BEVAC AGE: 18
HOSPITAL NO: 3166047

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	11/12/24	20/1/24			<i>[Signature]</i>
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					



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DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

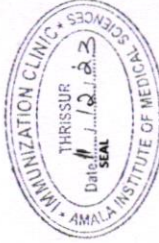


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HEPATITIS B VACCINATION CERTIFICATE

NAME: ANGEL DEVIS GENDER: F
VACCINE: BEVAC AGE: 18
HOSPITAL NO: 3166055

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	11/12/24	20/1/24			<i>[Signature]</i>
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					

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DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

[Signature]
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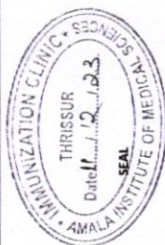


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HEPATITIS B VACCINATION CERTIFICATE

NAME: ANIL BINOY AGE: 18 GENDER: F
VACCINE: DEVAC HOSPITAL NO: 3166053

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	11/1/24	22/10/24			<i>[Signature]</i>
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					

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THIRISSUR AND SIGNATURE OF MEDICAL OFFICER



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VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

[Signature]
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HEPATITIS B VACCINATION CERTIFICATE

NAME: **ANNA** GENDER: **F**
VACCINE: **BEVAC** AGE: **18**
HOSPITAL NO: **3168635**

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	2205012238	5/26	NOR
2 nd DOSE (1 MONTH)	12/1/24	22/1/24			NOR
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



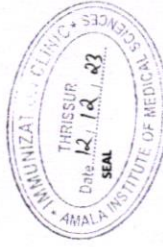
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HEPATITIS B VACCINATION CERTIFICATE

NAME: **ANN MARIA ROBERT** GENDER: **F**
VACCINE: **BEVAC** AGE: **18**
HOSPITAL NO: **3168637**

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	2205012238	5/26	NOR
2 nd DOSE (1 MONTH)	12/1/24	22/01/23			NOR
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

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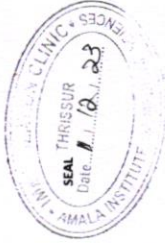
HEPATITIS B VACCINATION CERTIFICATE

NAME: AMAL THANKACHAN AGE: 19 GENDER: M
VACCINE: BEVAC HOSPITAL NO: 3166046

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
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2 nd DOSE (1 MONTH)		11/12/24			<i>[Signature]</i>
3 rd DOSE (6 MONTH)		11/16/24			
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

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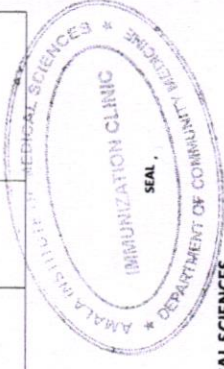
HEPATITIS B VACCINATION CERTIFICATE

NAME: HUDHA NM AGE: 20 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169033

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23	BEVAC		<i>[Signature]</i>
2 nd DOSE (1 MONTH)	16/01/24	31/1/24	BEVAC		<i>[Signature]</i>
3 rd DOSE (6 MONTH)	16/06/24				
BOOSTER DOSE					

[Signature]
Dr. Sandra Paulson

MEDICAL OFFICER
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NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
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HEPATITIS B VACCINATION CERTIFICATE

NAME: ANEESHA AREEZ
VACCINE: BEVAC
AGE: 19
HOSPITAL NO: 3166057
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	Mull
2 nd DOSE (1 MONTH)	11/1/24	20/1/23			NTM
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					

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NAME: VACCINE: GENDER: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

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NAME AND SIGNATURE OF MEDICAL OFFICER:

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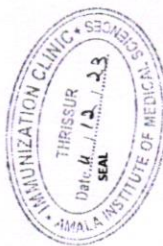
HEPATITIS B VACCINATION CERTIFICATE

NAME: Adhithyan R. G
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3166038
GENDER: M

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/2023	220501223	5/26	Mull
2 nd DOSE (1 MONTH)	11/1/24	20/1/24			NTM
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: GENDER: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		



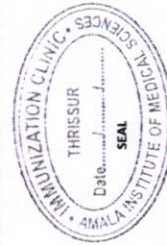
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HEPATITIS B VACCINATION CERTIFICATE

NAME: ANEENA
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3166049
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	11/1/24	20/1/24			<i>[Signature]</i>
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					



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VARICELLA VACCINATION CERTIFICATE

NAME: _____
VACCINE: _____
AGE: _____
HOSPITAL NO: _____
GENDER: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

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HEPATITIS B VACCINATION CERTIFICATE

NAME: AKHILA GEORGE
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3166044
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	11/1/24	20/1/24			<i>[Signature]</i>
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					



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VARICELLA VACCINATION CERTIFICATE

NAME: _____
VACCINE: _____
AGE: _____
HOSPITAL NO: _____
GENDER: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

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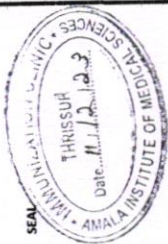
HEPATITIS B VACCINATION CERTIFICATE

NAME: ANGEL MARIA T.A
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3168630
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	Mull
2 nd DOSE (1 MONTH)	11/1/24	20/1/24			Nbn
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					

NAME AND SIGNATURE OF MEDICAL OFFICER:

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AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE



NAME: _____
VACCINE: _____
AGE: _____
HOSPITAL NO: _____
GENDER: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

Dr. _____
MEDICAL OFFICER
IMMUNIZATION CLINIC
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THIRUVANANTHAPURAM



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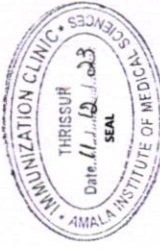
AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: AGNIKA ROSE
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3166041
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		11/12/23	220501223	5/26	Mull
2 nd DOSE (1 MONTH)	11/1/24	20/1/24			Nbn
3 rd DOSE (6 MONTH)	11/6/24				
BOOSTER DOSE					

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IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THIRUVANANTHAPURAM
NAME AND SIGNATURE OF MEDICAL OFFICER:



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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____
VACCINE: _____
AGE: _____
HOSPITAL NO: _____
GENDER: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

Prof. Dr. RAJEE REGHUNATH
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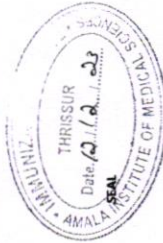
HEPATITIS B VACCINATION CERTIFICATE

NAME: ANISWARYA SHAFI AGE: 19 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3095203

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	22050223B	5/2026	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	12/1/24	20/1/23			<i>[Signature]</i>
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					

[Signature]
Dr. John George
MEDICAL OFFICER

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VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

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Prof. Dr. RAJEEV REGHUNATH
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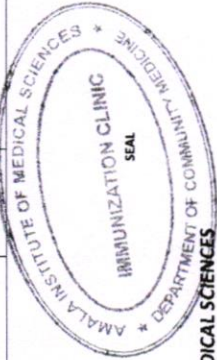


AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: FATHIMA SHERBIN
VACCINE: BEVAC
AGE: 20
HOSPITAL NO: 3169627
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23	220501323	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	16/01/24	31/01/24	220501323	5/26	<i>[Signature]</i>
3 rd DOSE (6 MONTH)	16/07/24				
BOOSTER DOSE					



[Signature]
Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
NAME AND SIGNATURE OF MEDICAL OFFICER
THIRISSUR

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: AGE: GENDER:
VACCINE: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: ELIZABETH THOMAS
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3169619
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501323	5/26	<i>[Signature]</i>
2 nd DOSE (1 MONTH)	14/1/23	31/1/2024	220501323	5/26	<i>[Signature]</i>
3 rd DOSE (6 MONTH)	14/6/23				
BOOSTER DOSE					

[Signature]
for John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THIRISSUR



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: AGE: GENDER:
VACCINE: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

[Signature]
P. Dr. RAJEE REGHUNATH
Principal

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AMALA NAGAR P.O., THIRISSUR-680 555



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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: Irene Rose C.B. AGE: 20 GENDER: F
HOSPITAL NO: 316456 9036

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23			NDR
2 nd DOSE (1 MONTH)	16/01/24	31/01/24	22050323	5/2026	SR
3 rd DOSE (6 MONTH)	16/06/24				
BOOSTER DOSE					

Dr. Sandhya Paulson

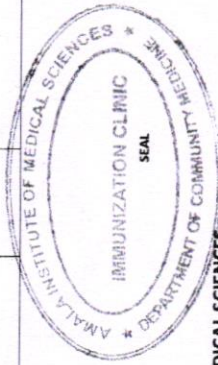
MEDICAL OFFICER

IMMUNIZATION CLINIC

NAME AND SIGNATURE OF MEDICAL OFFICER

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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: AGE: GENDER:
VACCINE: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: HELEN KALLOOR AGE: 18 GENDER: F
HOSPITAL NO: 3169632

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/24	16/12/24			NDR
2 nd DOSE (1 MONTH)	16/01/25	31/01/25	2205013	5/2026	SR
3 rd DOSE (6 MONTH)	16/06/25				
BOOSTER DOSE					

Dr. Sandhya Paulson

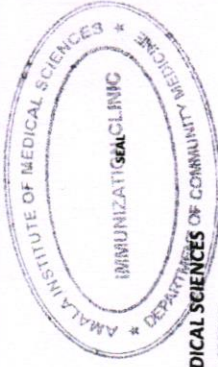
MEDICAL OFFICER

IMMUNIZATION CLINIC

NAME AND SIGNATURE OF MEDICAL OFFICER

AMALA INSTITUTE OF MEDICAL SCIENCES

THIRISSUR



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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: AGE: GENDER:
VACCINE: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

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AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: Jadhya Joshi
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3169829
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23			NM
2 nd DOSE (1 MONTH)	16/01/24	31/01/24	220501323	5/26	NM
3 rd DOSE (6 MONTH)	16/06/24				
BOOSTER DOSE					

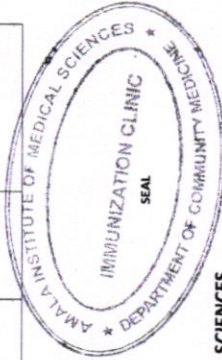
For Dr. Sandra Paulson

MEDICAL OFFICER

IMMUNIZATION CLINIC

AMALA INSTITUTE OF MEDICAL SCIENCES

NAME AND SIGNATURE OF MEDICAL OFFICER



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



Prof. Dr. RAJEE REGHUNATH

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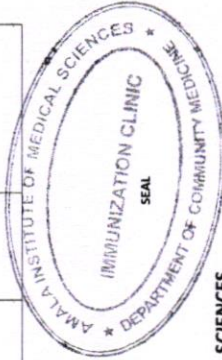
AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: Jaidhya Joshi
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3169829
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23			NDR
2 nd DOSE (1 MONTH)	16/01/24	31/01/24	220501323	5/26	NDR
3 rd DOSE (6 MONTH)	16/06/24				
BOOSTER DOSE					



For Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
NAME AND SIGNATURE OF MEDICAL OFFICER

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AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE:
AGE: HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

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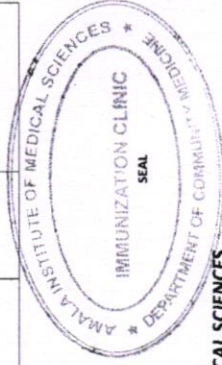
AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: ISSA JOSHY
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3169638
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23			NDR
2 nd DOSE (1 MONTH)	16/01/24	31/01/24	220501323	5/26	NDR
3 rd DOSE (6 MONTH)	16/06/24				
BOOSTER DOSE					



For Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
NAME AND SIGNATURE OF MEDICAL OFFICER

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE:
AGE: HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

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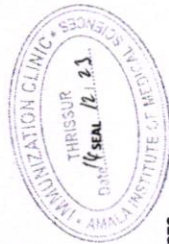
AMALA NAGAR - 680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: DONAL T D
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3169562
GENDER: M

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501323	5/26	MAH
2 nd DOSE (1 MONTH)	14/1/23	30/1/24			MAH
3 rd DOSE (6 MONTH)	14/6/23				
BOOSTER DOSE					



Dr. J. L. George
MEDICAL OFFICER
NAME AND SIGNATURE OF MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THIRISSUR

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AMALA NAGAR - 680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME:
VACCINE:
AGE:
HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		



NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



AMALA INSTITUTE OF MEDICAL SCIENCES

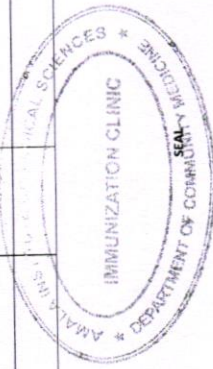
AMALA NAGAR - 680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: IRENE MARIA K
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3169635
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23	220501323	5/26	MAH
2 nd DOSE (1 MONTH)	16/01/24	31/01/24			MAH
3 rd DOSE (6 MONTH)	16/06/24				
BOOSTER DOSE					



Dr. Sandra Paulson
MEDICAL OFFICER
NAME AND SIGNATURE OF MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR - 680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME:
VACCINE:
AGE:
HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THIRISSUR-680 555



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DEPARTMENT OF COMMUNITY MEDICINE

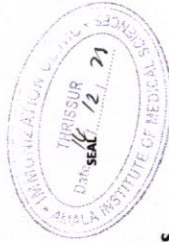
HEPATITIS B VACCINATION CERTIFICATE

NAME: *DELWA SIBI* AGE: *18* GENDER: *F*
VACCINE: *BEVAC* HOSPITAL NO: *3169568*

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		<i>14/12/23</i>	<i>220501323</i>	<i>5/24</i>	<i>NMD</i>
2 nd DOSE(1MONTH)	<i>14/1/23</i>	<i>30/1/24</i>			<i>NMD</i>
3 rd DOSE(6 MONTH)	<i>14/1/23</i>				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER

NAME AND SIGNATURE OF MEDICAL OFFICER:
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME : _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING

AMALA NAGAR P.O., THRISSUR-680 555



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

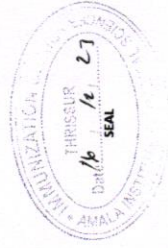
HEPATITIS B VACCINATION CERTIFICATE

NAME: *DIFY MARIA DAVIS* AGE: *18* GENDER: *F*
VACCINE: *BEVAC* HOSPITAL NO: *3169609*

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		<i>14/12/23</i>	<i>220501323</i>	<i>5/26</i>	<i>NMD</i>
2 nd DOSE(1MONTH)	<i>14/1/23</i>	<i>30/1/24</i>			<i>NMD</i>
3 rd DOSE(6 MONTH)	<i>14/6/23</i>				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER

NAME AND SIGNATURE OF MEDICAL OFFICER:
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR



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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME : _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		



AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: DEVILA SANIL AGE: 17 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 319587

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501323	5/26	<i>nm</i>
2 nd DOSE (1 MONTH)	14/1/23	30/1/24			<i>nm</i>
3 rd DOSE (6 MONTH)	14/6/23				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER

NAME AND SIGNATURE OF MEDICAL OFFICER:
AMALA INSTITUTE OF MEDICAL SCIENCES
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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: DEW S AGE: 19 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169585

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501323	5/26	<i>nm</i>
2 nd DOSE (1 MONTH)	14/1/23	30/1/24			<i>nm</i>
3 rd DOSE (6 MONTH)	14/6/23				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER

NAME AND SIGNATURE OF MEDICAL OFFICER:
AMALA INSTITUTE OF MEDICAL SCIENCES
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AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
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DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: CHRISTA GRACE SUPAN AGE: 18 GENDER: f
VACCINE: BEVAC HOSPITAL NO: 3169541

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501323	5/26	NRM
2 nd DOSE (1 MONTH)	14/1/23	30/1/24			NRM
3 rd DOSE (6 MONTH)	14/6/23				
BOOSTER DOSE					



Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
NAME AND SIGNATURE OF MEDICAL OFFICER:
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
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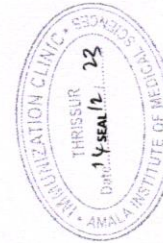


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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: DIYA WILSON AGE: 18 GENDER: f
VACCINE: BEVAC HOSPITAL NO: 3169616

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501323	5/26	NRM
2 nd DOSE (1 MONTH)	14/1/23	30/1/24			NRM
3 rd DOSE (6 MONTH)	14/6/23				
BOOSTER DOSE					



Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
NAME AND SIGNATURE OF MEDICAL OFFICER:
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		



AMALA INSTITUTE OF MEDICAL SCIENCES

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: CIVA CHARLY AGE: 18 GENDER: f
VACCINE: BEVAC HOSPITAL NO: 3170270

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	22050320	5/24	NM
2 nd DOSE (1 MONTH)	14/1/24	30/1/24			NM
3 rd DOSE (6 MONTH)					
BOOSTER DOSE					



NAME AND SIGNATURE OF MEDICAL OFFICER:

Dr. John George

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: AGE: GENDER:
VACCINE: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



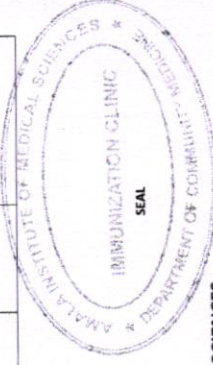
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AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: Emily (b) AGE: 18 GENDER: f
VACCINE: BEVAC HOSPITAL NO: 3169624

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)	16/12/23	16/12/23	2205013	5/26	NM
2 nd DOSE (1 MONTH)	16/1/24	30/1/24			NM
3 rd DOSE (6 MONTH)	16/6/24				
BOOSTER DOSE					



NAME AND SIGNATURE OF MEDICAL OFFICER:

Dr. Sandra Paulson

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: AGE: GENDER:
VACCINE: HOSPITAL NO:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

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AMALA NAGAR P.O., THIRUVANANTHAPURAM - 680 555



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AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: BLISSING C. JOHN AGE: 18 GENDER: M
VACCINE: BEVAC HOSPITAL NO: 319094

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	220501333	3/26	<i>Nm</i>
2 nd DOSE(1MONTH)	13/1/24	29/1/24			<i>Nm</i>
3 rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
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AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

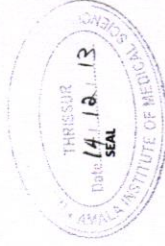


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DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: DELNA DHIREP AGE: 18 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169557

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		14/12/23	220501333	3/26	<i>Muge</i>
2 nd DOSE(1MONTH)	14/1/24	30/1/24			<i>Nm</i>
3 rd DOSE(6 MONTH)	14/6/24				
BOOSTER DOSE					

Muge for Dr John
Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
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THRISSUR



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DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
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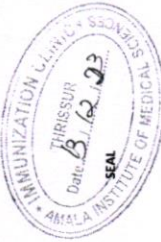
AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: BISNA JOSEPH C AGE: 18 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169093

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	220501323	5/26	Nm
2 nd DOSE (1 MONTH)	13/1/24	29/1/24			Nm
3 rd DOSE (6 MONTH)	13/6/24				
BOOSTER DOSE					

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DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



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HEPATITIS B VACCINATION CERTIFICATE

NAME: ARCHANA V.K AGE: 17 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169089

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	220501323	5/26	Nm
2 nd DOSE (1 MONTH)	13/1/24	29/1/24			Nm
3 rd DOSE (6 MONTH)	13/6/24				
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: AXA MARIYA SHEL AGE: 19 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169092

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	220301323	5/26	Nm
2 nd DOSE (1 MONTH)	13/1/24	29/1/24			Nm
3 rd DOSE (6 MONTH)	13/6/24				
BOOSTER DOSE					



Dr. JOHNY GEORGE

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AMALA NAGAR -680555

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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



NAME AND SIGNATURE OF MEDICAL OFFICER:

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HEPATITIS B VACCINATION CERTIFICATE

NAME: CHIKELSIYA SHARJEESH AGE: 18 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169528

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	220301323	5/26	Nm
2 nd DOSE (1 MONTH)	13/1/24	29/1/24			Nm
3 rd DOSE (6 MONTH)	13/6/24				
BOOSTER DOSE					



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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		



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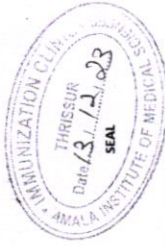
AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: CHANGEL DENNY AGE: 20 GENDER: F
VACCINE: BVNC HOSPITAL NO: 3169096

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	2205013023	5/24	Ngr
2 nd DOSE (1 MONTH)	13/1/24	29/1/24			Ngr
3 rd DOSE (6 MONTH)	13/6/24				
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



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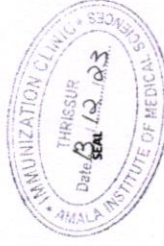
AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: ARYA S AGE: 18 GENDER: F
VACCINE: BVNC HOSPITAL NO: 3169098

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	2205013023	5/26	Ngr
2 nd DOSE (1 MONTH)	13/1/24	29/1/24			Ngr
3 rd DOSE (6 MONTH)	13/6/24				
BOOSTER DOSE					

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DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
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HEPATITIS B VACCINATION CERTIFICATE

NAME: ARYA K.S AGE: 19 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169090

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	2205D1323	5/26	Nm
2 nd DOSE(1MONTH)	13/1/24	29/01/24			Nm
3 rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



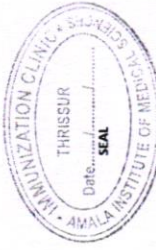
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DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: ARYA NANDA A.S AGE: 18 GENDER: F
VACCINE: BEVAC HOSPITAL NO: 3169091

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	2205D1323	5/26	Nm
2 nd DOSE(1MONTH)	13/1/24	29/1/24			Nm
3 rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

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IMMUNIZATION CLINIC
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AMALA NAGAR - 680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: _____ AGE: _____ GENDER: _____
VACCINE: _____ HOSPITAL NO: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



Prof. Dr. RAJEE REGHUNATH
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AMALA NAGAR P.O., THRISSUR-680 555



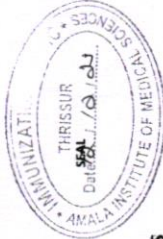
AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: ANGEL THERESA
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3168634
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	2205012239	5/26	Nm
2 nd DOSE (1 MONTH)		12/1/24	2205012239	5/26	Nm
3 rd DOSE (6 MONTH)		12/6/24			
BOOSTER DOSE					

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MEDICAL OFFICER
IMMUNIZATION CLINIC
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DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



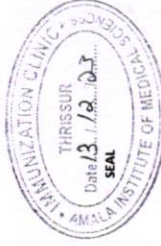
AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: ASHLY JOSHY
VACCINE: BEVAC
AGE: 17
HOSPITAL NO: 2470475
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		13/12/23	220301323	5/26	Nm
2 nd DOSE (1 MONTH)		13/1/24			Nm
3 rd DOSE (6 MONTH)		13/6/24			
BOOSTER DOSE					

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DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE: AGE: HOSPITAL NO: GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL
Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: ANSIVA C.S
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 318641
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	2205012238	5/26	NJO
2 nd DOSE (1 MONTH)	12/1/24	22/1/23	2205012238	5/26	NJO
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					



Dr. John Gorse
MEDICAL OFFICER
AMALA INSTITUTE OF MEDICAL SCIENCES
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VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE:
AGE: HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

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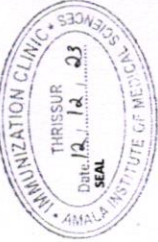
AMALA INSTITUTE OF MEDICAL SCIENCES

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: ANN MARY F
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3168 639
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	2205012238	5/26	NJO
2 nd DOSE (1 MONTH)	12/1/24	22/1/24			NJO
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					



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NAME AND SIGNATURE OF MEDICAL OFFICER
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DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE:
AGE: HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		



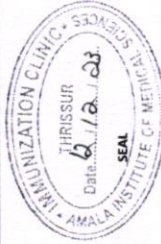
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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME: ANGEL ANULY
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3168633
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	0205012339	5/26	NOR
2 nd DOSE (1 MONTH)	12/1/24	02/01/24			NOR
3 rd DOSE (6 MONTH)	12/1/24				
BOOSTER DOSE					



Dr. John George
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DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME: _____
VACCINE: _____
AGE: _____
HOSPITAL NO: _____
GENDER: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



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HEPATITIS B VACCINATION CERTIFICATE

NAME: ANGEL MARY P.B
VACCINE: BEVAC
AGE: 18
HOSPITAL NO: 3168631
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	0205012339	5/26	NOR
2 nd DOSE (1 MONTH)	12/1/24	22/1/24			NOR
3 rd DOSE (6 MONTH)	12/1/24				
BOOSTER DOSE					

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VARICELLA VACCINATION CERTIFICATE

NAME: _____
VACCINE: _____
AGE: _____
HOSPITAL NO: _____
GENDER: _____

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL



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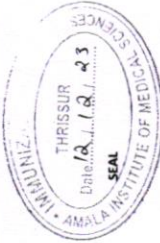


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DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: ANN GRACE
VACCINE: BeVAC
AGE: 18
HOSPITAL NO: 3168636
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	0205012238	5/21	NM
2 nd DOSE (1 MONTH)	12/1/24	22/1/24			NM
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					



Dr. JOHN GEORGE
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DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE:
AGE: HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

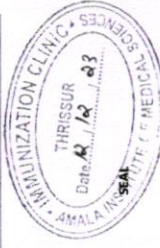


AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
HEPATITIS B VACCINATION CERTIFICATE

NAME: ANSTY ELDHOSE
VACCINE: BeVAC
AGE: 18
HOSPITAL NO: 3169087
GENDER: F

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1 st DOSE (0 MONTH)		12/12/23	0205012238	5/21	NM
2 nd DOSE (1 MONTH)	12/1/24	22/1/24			NM
3 rd DOSE (6 MONTH)	12/6/24				
BOOSTER DOSE					



Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
NAME AND SIGNATURE OF MEDICAL OFFICER:
THRISSUR

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555
DEPARTMENT OF COMMUNITY MEDICINE
VARICELLA VACCINATION CERTIFICATE

NAME: VACCINE:
AGE: HOSPITAL NO:
GENDER:

DOSE	DOSE 1	DOSE 2
DUE DATE		
ADMINISTERED DATE		
BATCH NO:		
EXPIRY DATE		
SIGN		

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING

AMALA NAGAR P.O., THRISSUR-680 555