Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

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

Department of Community Medicine
HEPATITIS B VACCINATION CERTIFICATE

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Name: JESNAL BIJOE **Age:** 20 **Gender:** M

Vaccine: BEVAC (Hep B vaccination) **Hospital ID:** 3169901

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

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BEVAC® HEPATITIS B VACCINE (rDNA) I.P.

for Dr. SANDRA PAULSON
MEDICAL OFFICER
IMMUNIZATION CLINIC
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Name: Jesbin Baiju **Age:** 18 **Gender:** M

Vaccine: BEVAC **Hospital ID:** 3169899

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	16/12/23	16/12/23	5/26	2205013231	
2nd Dose (1 month)	16/01/24	31/1/24	5/26	2205013231	
3rd Dose (6 months)	16/06/24				
Booster Dose					

For Dr. Jose Vincent.

Dr.
MEDICAL OFFICER
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HEPATITIS B VACCINATION CERTIFICATE

Name: Rose Theresa Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3170185

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Pooja Age: 19 Gender: F

Vaccine: BEVAC Hospital ID: 3170178

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: MERIN **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3168496

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

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For Dr. Sneha Georgy
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HEPATITIS B VACCINATION CERTIFICATE

Name: Saniya Sabu **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170196

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

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For Dr. Sneha Georgy
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Name: SHANA SHERIN **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3171859

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)		5/2/24	220501323	5/26	
2nd Dose (1 month)	5/3/24	11/3/24	220501321	5/26	
3rd 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	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	1/1/24	1/1/24	220501323	5/26	
2nd Dose (1 month)	1/2/24	2/2/24			
3rd Dose (6 months)	1/7/24				
Booster Dose					

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Name: Minza Fathima KA **Age:** 18 **Gender:** F.

Vaccine: **Hospital ID:** 3170156

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	09/02/24	9/02/24	BEVAC® HEPATITIS B VACCINE (rDNA) I.P.		
2nd Dose (1 month)	09/03/24	11/3/24	220501323	5/26	
3rd Dose (6 months)	09/08/24				
Booster Dose					

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HEPATITIS B VACCINATION CERTIFICATE

Name: SWETHA T.T. **Age:** 19 **Gender:** F.

Vaccine: BEVAC. **Hospital ID:** 3170209.

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Seethalakshmi P.S **Age:** 19 **Gender:** F

Vaccine: BEVAC. **Hospital ID:** 3170201

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

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Name: Alna Antony **Age:** ~~18~~ **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3166045

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	09/04/24	9/2/24			
2nd Dose (1 month)	09/03/24	11/03/24			
3rd Dose (6 months)	09/08/24				
Booster Dose					

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HEPATITIS B VACCINATION CERTIFICATE

Name: Saniyamol E.J **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170195

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Soeya Saji **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170206

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Sonu Soosan **Age:** 17 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170204

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Seethulakshmi Biju **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170202

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Sonova **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170198

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	2/1/24	2/1/24	22050132 3	5/26	Nom
2nd Dose (1 month)	2/2/24	3/2/24	BEVAC® HEPATITIS B VACCINE (rDNA) I.P.		Nom
3rd Dose (6 months)	2/7/24				
Booster Dose					

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HEPATITIS B VACCINATION CERTIFICATE

Name: Sandra Saji **Age:** 18 **Gender:** F

Vaccine: BEVAC **Hospital ID:** 3170193

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	2/1/24	2/1/24	22050132 3	5/26	Nom
2nd Dose (1 month)	2/2/24	3/2/24	BEVAC® HEPATITIS B VACCINE (rDNA) I.P.		Nom
3rd Dose (6 months)	2/7/24				
Booster Dose					

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HEPATITIS B VACCINATION CERTIFICATE

Name: Nisthula Age: 19 Gender: F

Vaccine: BEVAC Hospital ID: 3170159

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Nida Devassy Age: 19 Gender: F

Vaccine: BEVAC Hospital ID: 2972845

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

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HEPATITIS B VACCINATION CERTIFICATE

Name: Neethu K Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3170155

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	1/1/24	1/1/24	22050202	5/26	ABP
2nd Dose (1 month)	1/2/24	2/2/24	BEVAC® HEPATITIS B VACCINE (rDNA) I.P.		nsm
3rd Dose (6 months)	1/7/24				
Booster Dose					

ABP
For Dr. Sneha George
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HEPATITIS B VACCINATION CERTIFICATE

Name: Naomi Age: 18 Gender: F

Vaccine: BEVAC Hospital ID: 3169946

HEP B VACCINATION	Due Date	Administerd Date	Batch No.	Expiry Date	Signature
1st Dose (0 month)	1/01/24	01/01/24	22050132	5/26	ABP
2nd Dose (1 month)	1/02/24	2/2/24	BEVAC® HEPATITIS B VACCINE (rDNA) I.P.		nsm
3rd Dose (6 months)	1/07/24				
Booster Dose					

ABP
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HEPATITIS B VACCINATION CERTIFICATE

NAME : AMY ANDREWS AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3166047

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

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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 11/12/23 SEAL

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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

AMALA COLLEGE OF NURSING ★ AMALA NAGAR, THRISSUR ★

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANGEL DEVIS AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3166055

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

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 11/12/23 SEAL

AMALA INSTITUTE OF MEDICAL SCIENCES

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
AMALA NAGAR P.O., THRISSUR-680 567

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANGEL BINOY AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3166053

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		11/12/23	220501223	5/26	
2nd DOSE(1MONTH)	11/1/24	22/01/24			
3rd DOSE(6 MONTH)	11/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC
THRISSUR
Date 11/12/23
SEAL
AMALA INSTITUTE OF MEDICAL SCIENCES

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
AMALA NAGAR P.O., THRISSUR-680 555

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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANNA ELDHOSE AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168635

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050122 3B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/1/24			
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

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

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For Dr John

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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:

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANN MARIA ROBERT AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168637

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050122 3B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/01/23			
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

for Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

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

Prof. Dr. RAJEE REGHUNATH
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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

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
1st DOSE (0 MONTH)		11/12/23	22301223	5/26	
2nd DOSE(1MONTH)	11/1/24	20/1/24	BEVAC		
3rd DOSE(6 MONTH)	11/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

SEAL THRISSUR Date 11/12/23

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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:

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : HUDHA NM AGE: 20 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169633

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

for Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

AMALA INSTITUTE OF MEDICAL SCIENCES ★ IMMUNIZATION CLINIC ★ DEPARTMENT OF COMMUNITY MEDICINE ★ SEAL

AMALA INSTITUTE OF MEDICAL SCIENCES

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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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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANEESHA AREEZ AGE: 19 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3166051

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		11/12/23	22050223	5/26	
2nd DOSE(1MONTH)	11/1/24	20/1/23	BEVAC		
3rd DOSE(6 MONTH)	11/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
MEDICAL OFFICER
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NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR SEAL Date: 11/12/23 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 : Adhithyan R.G AGE: 18 GENDER: M

VACCINE: BEVAC HOSPITAL NO: 3166038

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		11/12/2023	22050223	5/26	
2nd DOSE(1MONTH)	11/1/24	20/01/24	BEVAC		
3rd DOSE(6 MONTH)	11/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date: 11/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

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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 NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANEENA AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3166049

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

Dr. JOHN GEORGE
MEDICAL OFFICER
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC THRISSUR Date...../...../..... SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

for Dr John

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:

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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ATHILA GEORGE AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 316604A

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

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC THRISSUR Date 12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

for Dr John

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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PRINCIPAL
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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANGEL MARIA T.A AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168630

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

NAME AND SIGNATURE OF MEDICAL OFFICER:

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

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IMMUNIZATION CLINIC
THRISSUR
Date 11/12/23
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:

Dr.
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

SEAL

IMMUNIZATION CLINIC
THRISSUR
Date

AMALA COLLEGE OF NURSING
AMALA NAGAR, THRISSUR

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : AGNAL ROSE AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3166041.

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

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC
THRISSUR
Date 11/12/23
SEAL
AMALA INSTITUTE OF MEDICAL SCIENCES

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
AMALA NAGAR P.O., THRISSUR-680 555

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : AISWARYA SHAJI AGE: 19 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3095203

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050223B	5/26	
2nd DOSE(1MONTH)	12/1/24	20/1/23	BEVAC		
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZ... THRISSUR Date 12/12/23 SEAL 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:

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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : Hanna Susan Aneesh AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169629

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23	BEVAC		
2nd DOSE(1MONTH)	16/01/24	31/01/24	22050132B	5/26	
3rd DOSE(6 MONTH)	16/06/24				
BOOSTER DOSE					

Dr. Sandra Paulson
MEDICAL OFFICER
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THRISSUR

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:

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Prof. Dr. RAJEE REGHUNATH
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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : FATHIMA SHERBIN AGE: 20 GENDER: F

VACCINE: BEVAC . HOSPITAL NO: 3169627

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

Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

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:

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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ELIZABETH THOMAS AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169619

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

for John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC * AMALA INSTITUTE OF MEDICAL SCIENCES * THRISSUR SEAL Date 14/12/23

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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:

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Prof. Dr. RAJEE RAGHUNATH
PRINCIPAL
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AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : Irene Rose C.B AGE: 20 GENDER: F

VACCINE: HOSPITAL NO: 3169636 9636

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23	BEVAC HEPATITIS B VACCINE (rDNA) I.P.		
2nd DOSE(1MONTH)	16/01/24	31/01/24	22050323	5/2026	
3rd DOSE(6 MONTH)	16/06/24				
BOOSTER DOSE					

For Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME 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:

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HEPATITIS B VACCINATION CERTIFICATE

NAME : HELEN KALLOOR AGE: 18 GENDER: F

VACCINE: HOSPITAL NO: 3169632

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/24	16/12/24	BEVAC HEPATITIS B VACCINE (rDNA) I.P.		
2nd DOSE(1MONTH)	16/01/24	31/1/24	22050123	5/26	
3rd DOSE(6 MONTH)	16/06/24				
BOOSTER DOSE					

Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

AMALA INSTITUTE OF MEDICAL SCIENCES * IMMUNIZATION CLINIC * DEPARTMENT OF COMMUNITY MEDICINE

SEAL

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
AMALA NAGAR P.O., THRISSUR-680 555

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : Jaithra Joshi AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169839

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23			
2nd DOSE(1MONTH)	16/01/24	31/01/24	22050323	5/26	
3rd 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 * IMMUNIZATION CLINIC SEAL * DEPARTMENT OF COMMUNITY MEDICINE

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 INSTITUTE OF MEDICAL SCIENCES

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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ISSA JOSHY AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169638

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23			
2nd DOSE(1MONTH)	16/01/24	31/01/24	22050323	5/26	
3rd DOSE(6 MONTH)	16/06/24				
BOOSTER DOSE					

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

AMALA INSTITUTE OF MEDICAL SCIENCES * IMMUNIZATION CLINIC SEAL * DEPARTMENT OF COMMUNITY MEDICINE

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
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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : Jaithra Joshi AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169839

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23			
2nd DOSE(1MONTH)	16/01/24	31/01/24	22050323	5/26	
3rd 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
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SEAL
DEPARTMENT OF COMMUNITY MEDICINE

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, THRISSUR

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ISSA JOSHY AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169638

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23			
2nd DOSE(1MONTH)	16/01/24	31/01/24	22050323	5/26	
3rd DOSE(6 MONTH)	16/06/24				
BOOSTER DOSE					

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

AMALA INSTITUTE OF MEDICAL SCIENCES
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SEAL
DEPARTMENT OF COMMUNITY MEDICINE

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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 INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : DONAL · T· D AGE: 18 GENDER: M

VACCINE: BEVAC HOSPITAL NO: 3169562

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

for Dr. John Leeya
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 14/12/23 SEAL

AMALA INSTITUTE OF MEDICAL SCIENCES

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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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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : IRENE MARIA · K AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169635

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

for Dr. Sandra Paulson
MEDICAL OFFICER
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AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

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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 NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : DELNA SIBI AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169568

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

for Dr. John Cleoy
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC THRISSUR Date 16/12/23 AMALA INSTITUTE OF MEDICAL SCIENCES

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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:

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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
1st DOSE (0 MONTH)		14/12/23	220501323	5/26	
2nd DOSE(1MONTH)	14/1/23	30/1/24	BEVAC HEPATITIS B VACCINE (rDNA) I.P.		
3rd DOSE(6 MONTH)	14/6/23				
BOOSTER DOSE					

for Dr. John Cleoy
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC THRISSUR Date 16/12/23 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

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 : DEVIKA SANIL AGE: 17 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169587

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

Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 14/12/23 SEAL 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:

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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : DEVU S AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169585

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		14/12/23	220501323	5/26	
2nd DOSE(1MONTH)	14/1/23	30/01/24	BEVAC HEPATITIS B VACCINE (rDNA) I.P.		
3rd DOSE(6 MONTH)	14/6/23				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 14/12/23 SEAL 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

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 : CHRISTA GRACE SHAJU AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169541

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

for Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC THRISSUR Date: 14/12/23 SEAL 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:

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AMALA INSTITUTE OF MEDICAL SCIENCES

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
1st DOSE (0 MONTH)		14/12/23	220501323	5/26	
2nd DOSE(1MONTH)	14/1/23	30/1/24	BEVAC HEPATITIS B VACCINE (rDNA) I.P.		
3rd DOSE(6 MONTH)	14/6/23				
BOOSTER DOSE					

for Dr. John George
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC THRISSUR Date: 14/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

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:

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Prof. Dr. RAJEE REGHUNATH
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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : CIYA CHARLY AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3170220

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		14/12/23	22050137	5/26	
2nd DOSE(1MONTH)	14/1/23	30/1/24			
3rd DOSE(6 MONTH)					
BOOSTER DOSE					

Dr. John Geoy
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date: 14/12/23 SEAL

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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 INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : Emily C b AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169624

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)	16/12/23	16/12/23	22050123	5/26	
2nd DOSE(1MONTH)	16/1/24	30/1/24			
3rd DOSE(6 MONTH)	16/6/24				
BOOSTER DOSE					

Dr. Sandra Paulson
MEDICAL OFFICER
IMMUNIZATION CLINIC

NAME AND SIGNATURE OF MEDICAL OFFICER

AMALA INSTITUTE OF MEDICAL SCIENCES * IMMUNIZATION CLINIC SEAL * DEPARTMENT OF COMMUNITY MEDICINE

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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 INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : BLESSINE C. JOHN AGE: 18 GENDER: M

VACCINE: BEVAC HOSPITAL NO: 3169094

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

Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC · AMALA INSTITUTE OF MEDICAL SCIENCES · THRISSUR Date 13/12/23 SEAL

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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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AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : DELNA DHILEEP AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169557

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

for Dr John

Dr. John George
MEDICAL OFFICER
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AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

THRISSUR Date 14/12/23 SEAL · AMALA INSTITUTE OF MEDICAL SCIENCES

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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

Prof. Dr. RAJEE REGHUNATH
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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
1st DOSE (0 MONTH)		13/12/23	220501323	5/26	
2nd DOSE(1MONTH)	13/1/24	29/1/24			
3rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC * AMALA INSTITUTE OF MEDICAL SCIENCES * THRISSUR Date: 13/12/23 SEAL

for Dr John

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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 : ARCHANA V.K AGE: 17 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169089

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

Dr JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC * AMALA INSTITUTE OF MEDICAL SCIENCES * THRISSUR Date: 13/12/23 SEAL

for Dr John

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
AMALA NAGAR P.O., THRISSUR-680 555

AMALA COLLEGE OF NURSING * AMALA NAGAR, THRISSUR *

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : AXA MARIYA SISEL AGE: 19 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169092

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		13/12/23	22030323	5/26	Nom
2nd DOSE(1MONTH)	13/1/24	29/1/24			Nom
3rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

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

IMMUNIZATION CLINIC THRISSUR Date 13/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

Nurse For Dr John

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 : CHELSIYA SHAJEESH AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169528

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		13/12/23	22030323	5/26	Nom
2nd DOSE(1MONTH)	13/1/24	29/1/24			Nom
3rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

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

IMMUNIZATION CLINIC THRISSUR Date 13/12/23 SEAL

For Dr John

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 COLLEGE OF NURSING AMALA NAGAR, THRISSUR

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 : CHANGEL DENNY. AGE: 20 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169096

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

Dr. JOHN GEORGE
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 13/12/23 SEAL

for Dr JOHN

AMALA INSTITUTE OF MEDICAL SCIENCES

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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

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ARYA S AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169098

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

Dr. JOHN GEORGE
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THRISSUR

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IMMUNIZATION CLINIC THRISSUR Date 13/12/23 SEAL

for Dr JOHN

AMALA INSTITUTE OF MEDICAL SCIENCES

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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 NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

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
1st DOSE (0 MONTH)		13/12/23	220501323	5/26	
2nd DOSE(1MONTH)	13/1/24	29/01/24			
3rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 13/12/23 SEAL

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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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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
1st DOSE (0 MONTH)		13/12/23	220501323	5/26	
2nd DOSE(1MONTH)	13/1/24	29/1/24			
3rd DOSE(6 MONTH)	13/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
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NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date SEAL

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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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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANGEL THERESA AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168634

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	220501223B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/1/24	220501223B	5/26	
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

Dr. John George
MEDICAL OFFICER
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AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 12/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

for Dr John

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 INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ASHLY JOSHY AGE: 17 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 2470475

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

BEVAC HEPATITIS B VACCINE (RDNA) I.P.

Dr. JOHN GEORGE
MEDICAL OFFICER
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AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 13/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

for Dr John

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
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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 : ANSIYA . C . S AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168641

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	220501223B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/1/24	220501223B	5/26	
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC · AMALA INSTITUTE OF MEDICAL SCIENCES · THRISSUR Date 12/12/23 SEAL

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 COLLEGE OF NURSING

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANN MARY F AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168639

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	220501223B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/1/24	BEVAC		
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

Dr. JOHN GEORGE
MEDICAL OFFICER
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THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER:

IMMUNIZATION CLINIC · AMALA INSTITUTE OF MEDICAL SCIENCES · THRISSUR Date 12/12/23 SEAL

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., THRISSUR-680 555

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANGEL PAULY AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168633

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050123B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/01/24			
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

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

IMMUNIZATION CLINIC THRISSUR Date 12/12/23 SEAL 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 COLLEGE OF NURSING AMALA NAGAR, THRISSUR

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANGEL MARY P.B AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168631

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050123B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/1/24			
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

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

IMMUNIZATION CLINIC THRISSUR Date 12/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

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
AMALA NAGAR P.O., THRISSUR-680 555

AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR -680555

DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANN GRACE AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3168 636

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050122 3B	5/26	
2nd DOSE(1MONTH)	12/1/24	22/1/24			
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

for Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 12/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

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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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DEPARTMENT OF COMMUNITY MEDICINE

HEPATITIS B VACCINATION CERTIFICATE

NAME : ANSTY ELDHOSE AGE: 18 GENDER: F

VACCINE: BEVAC HOSPITAL NO: 3169087

HEP B VACCINATION	DUE DATE	ADMINISTERED DATE	BATCH NO	EXPIRY DATE	SIGNATURE
1st DOSE (0 MONTH)		12/12/23	22050122 3B	5/26	
2nd DOSE(1MONTH)	10/1/24	22/1/24			
3rd DOSE(6 MONTH)	12/6/24				
BOOSTER DOSE					

for Dr. JOHN GEORGE
MEDICAL OFFICER
IMMUNIZATION CLINIC
AMALA INSTITUTE OF MEDICAL SCIENCES
THRISSUR

NAME AND SIGNATURE OF MEDICAL OFFICER

IMMUNIZATION CLINIC THRISSUR Date 12/12/23 SEAL AMALA INSTITUTE OF MEDICAL SCIENCES

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DEPARTMENT OF COMMUNITY MEDICINE

VARICELLA VACCINATION CERTIFICATE

NAME : AGE: GENDER:

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NAME AND SIGNATURE OF MEDICAL OFFICER:

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