



Certificate No. US1245105

IMMUNIZATION CERTIFICATE FOR COVID-19

Name _____ Muhammad Ashhad Khan Afridi

Date of Birth _____ 26-03-2001 CNIC No. _____ 42101-2488951-7

Nationality _____ Pakistan Passport No. _____

Vaccination Name _____ Sinopharm Recommended Dosage _____ 2

Status _____ Fully Vaccinated



has been administered following COVID-19 vaccine:

Vaccine or prophylaxis	Date	Name of Health Center	Vaccine manufacturer & batch No.
01.	11-06-2021	Expo Center Karachi	Sinopharm, China National Pharmaceutical Group Co., Ltd 2021030324
02.	03-07-2021	Expo Center Karachi	Sinopharm, China National Pharmaceutical Group Co., Ltd 202105B0751



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