



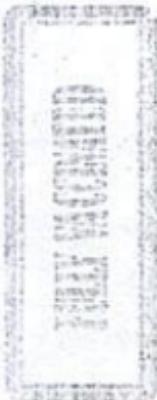
**MINISTRY OF NATIONAL HEALTH SERVICES REGULATIONS AND COORDINATION
GOVERNMENT OF PAKISTAN**

IMMUNIZATION CERTIFICATE FOR COVID-19

Name **Muhammad Saqlain**

Date of Birth **09-09-2001** CNIC No. **32402-9890636-5**

Nationality **Pakistan** Passport No. _____



has been administered COVID-19 vaccine:

Issue Date: **08-10-2021** Certificate No. **XB3117560**



**MINISTRY OF NATIONAL HEALTH
SERVICES REGULATIONS & COORDINATION**

Issuing Authority



MINISTRY OF NATIONAL HEALTH SERVICES REGULATIONS AND COORDINATION
GOVERNMENT OF PAKISTAN

Vaccine Name	Dose	Date
CanSino	1	11-06-2021

