

Indian Union Driving Licence
Issued by **Uttar Pradesh**

UP20 20210001304

Issue Date: 13-01-2021 Validity (NT): 01-06-2037 Validity (TR):

SHAMSHER AHMAD
Date of Birth: 02-06-1997 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **FAROOK AHMAD**

Address:
**VILL NANGLA NATTHA URF NOORPUR CHHIPRI
POST AND PS SHERKOT TAHSIL
DHAMPUR, BUNOR, UP 246747**

Holder's Signature

Date of First Issue: (13-01-2021)

DL No: UP20 20210001304 UPDL000004751032

Invalid Carriage (Regn Numbers)
Hazardous Validity⁴ Hill Validity⁴

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ⁴	Badge Issued Date ⁴	Badge Issued By ⁴
MCWG	UP20	13-01-2021	NT				
LMV	UP20	13-01-2021	NT				
MVSD							

Emergency Contact Number: 9927659105

Licensing Authority: **UP20 BUNOR**

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination
Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID: 21295266262

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम: **Shamsher Malik**

Age / उम्र: **24**

Gender / लिंग: **Male**

ID Verified / पहचान पत्र सत्यापित: **Aadhaar # XXXXXXXX7620**

Unique Health ID (UHID): **90307294072120**

Beneficiary Reference ID: **Fully Vaccinated (2 Doses)**

Vaccination Status / टीकाकरण की स्थिति:

Vaccination Details

Vaccine Name / वैक्सिन का नाम: **COVISHIELD**

Vaccine Type / टीका का प्रकार: **COVID-19 vaccine, non-replicating viral vector**

Manufacturer / उत्पादक: **Serum Institute of India Pvt. Ltd.**

Dose Number / खुराक की संख्या: **1/2** **2/2**

Date of Dose / खुराक की तारीख: **2021-08-24** **2021-12-01**

Batch Number / बैच संख्या: **41212170** **4121AA051M**

Vaccinated By / टीका लगाने वाले का नाम: **Neeru rani**

Vaccination At / टीकाकरण का स्थान: **DHAMPUR BAKAR KASAVAN, Bijnour, Uttar Pradesh**

