Confidential

No. CIT1169486367984

Ministry of Health - Sri Lanka

Certificate of COVID-19 Vaccination

1. **Beneficiary Name / ප්‍රතිලාභියාගේ නම / நலன் பெறுநர் பெயர்**
   ABDUL JALEEL MOHAMED JABRAJ

2. **Residential Address / පදිංචි ලිපිනය / வதிவிட முகவரி**
   SAMEERAGAMA,MADURANKULIYA

3. **Gender / ස්ත්‍රී පුරුෂ භාවය / பாலினம்**
   Male

4. **Date of Birth / උපන් දිනය / பிறந்த தேதி**

5. **Verified Identity Number / අනන්‍යතාවය / அடையாள எண்**
   NIC: 200019903181 / PASSPORT: N6293036

6. **Vaccination Details / එන්නත් කිරීමේ විස්තර / தடுப்பூசி விபரங்கள்**

	Vaccine Doses			
1. Date	23-Oct-2021	23-Nov-2021		
2. Vaccine Product	PFIZER	PFIZER		
3. Batch Number	PFIZER - FF5111	PFIZER - FJ4187		

7. **Vaccination Status / එන්නත් කිරීමේ තත්වය / தடுப்பூசி நிலை**
   2 doses given

8. **Date of Issue / නිකුත් කරන දිනය / வழங்கப்பட்ட திகதி**
   25-Nov-2021

Secretary of Health

Verification Portal
https://cert.covid19.gov.lk

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