



Ministry of Health - Sri Lanka
Certificate of COVID-19 Vaccination

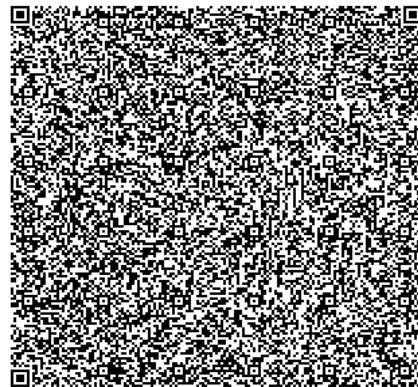
1. Beneficiary Name / ප්‍රතිලාභියාගේ නම / நலன் பெறுநர் பெயர்
ABDUL JALEEL MOHAMED JABRAJ

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>

