MEDICAL CERTIFICATE FOR ADMINISTRATION OF HEPATITIS - B VACCINATION

I, Dr._____ Registration No _____ certify that I have this _____ day of _____ 2026 administered the Hepatitis - B Vaccine to the candidate whose particulars are given below:

1. Name of the candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification marks :
6. Dose I/II/III :

Signature of Applicant

Signature of Medical Officer
Name and Designation:

Place :
Date :

Office Seal: