



அகில இந்திய மருத்துவ அறிவியல் நிறுவனம், மதுரை
अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MADURAI

(Under PMSSY Division, Ministry of Health & Family Welfare, Government of India)

JIPMER, Puducherry – Mentor Institute

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**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS – B VACCINATION**

I, Dr. _____ Registration No _____

certify that I have this _____ day of _____ 2024 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: