

**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: