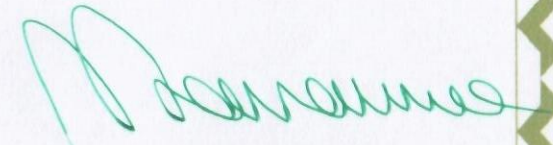


**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **KOWSALYA.K** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

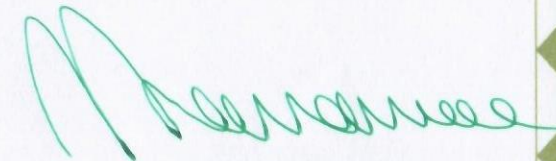
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **KAVINILA.A** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

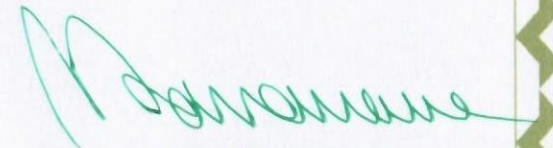
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S.HOSPITAL,  
31-B, TRICHY TRUNK ROAD,  
VILLUPURAM,

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **KARVENDHAN.R** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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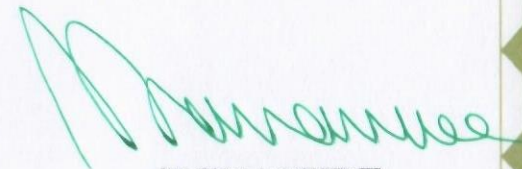
Dr.S.SARAVANAN, M.D.,  
REGN. NO: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **KANIMOZHI.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **KANCHANA.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That JAYAPRIYA.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM

  
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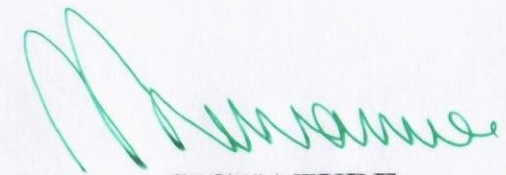
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S.HOSPITAL,  
32-E, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That JAYAPRIYA.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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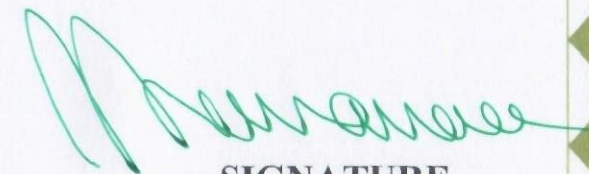
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That JAYANTHI.A Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

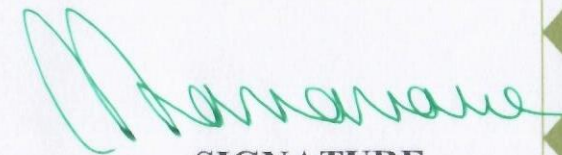


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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That IYSWARIYA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

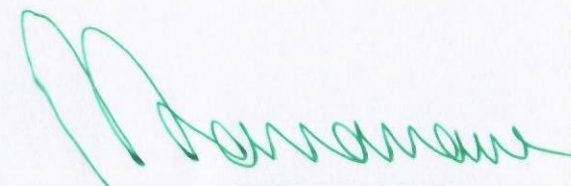
Dr. S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S.HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That HEMALATHA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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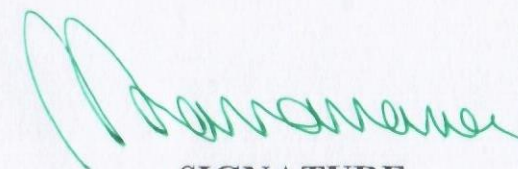
Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **HELAN MARGRET.S** Has Received All The  
Three Doses Of **Hepatitis -B** Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

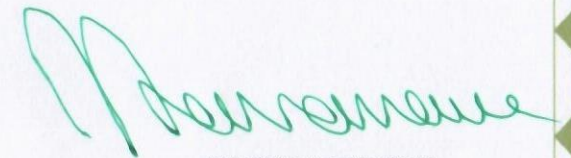
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **HARISH.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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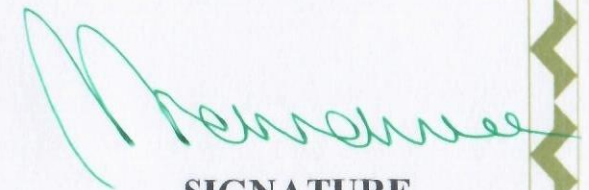
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY BUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **GAYATHRI.R** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



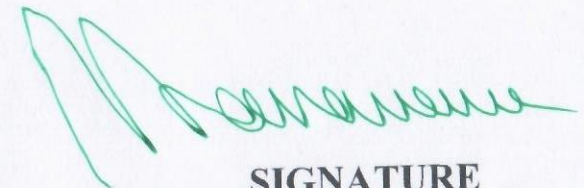
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S.HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That GIRIJA.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



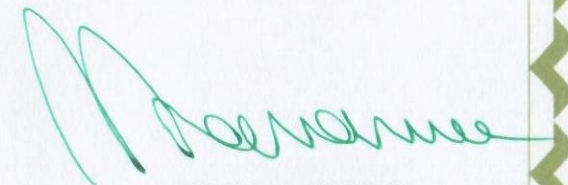
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **GANAGAVALLI.P** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32B, TRICHY TRUNK ROAD,  
VILLUPURAM,

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ELUMALAI.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

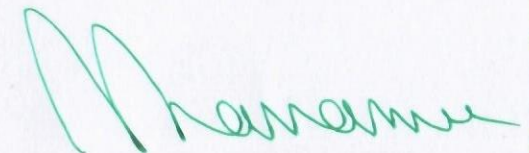


**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **DHANALAKSHMI.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

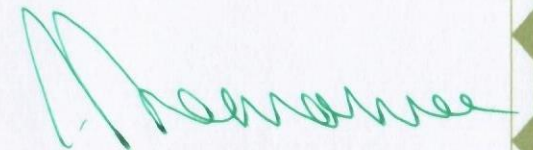
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ELAKKIYA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

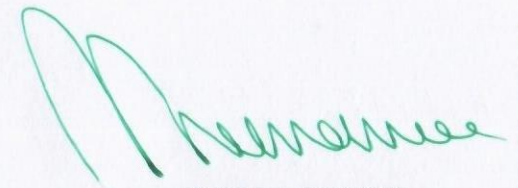
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E. S. HOSPITAL,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **DHIVYA.G** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



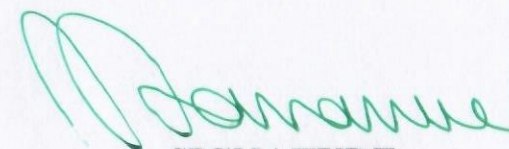
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**Dr.S.SARAVANAN, M.D.,**  
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DIRECTOR, E.S. HOSPITAL,  
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VILLUPURAM, 7

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **DIVYABARATHI. K** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

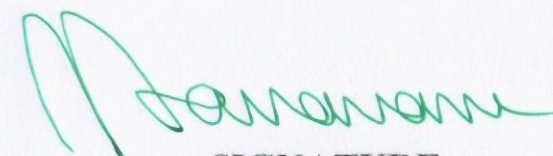
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That DEEPIKA.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

**Dr.S.SARAVANAN, M.D.,**

REGN. No: 51558

DIRECTOR, E. S. HOSPITAL,

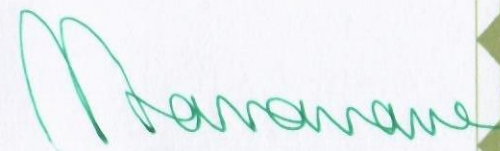
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **CHANDRAKALA.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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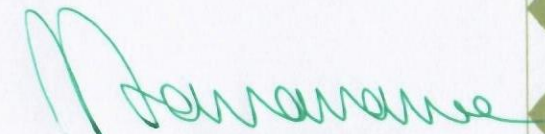
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM, T

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ALEXPANDIYAN.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

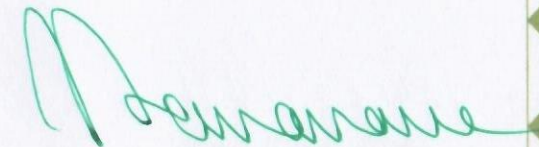
Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **BOWDHARANI.G** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. No: 51558,  
DIRECTOR, E.S.HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

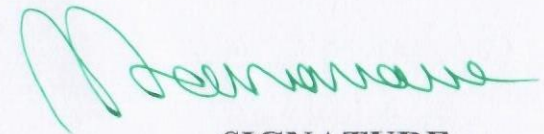


**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **BACKIYASALI.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



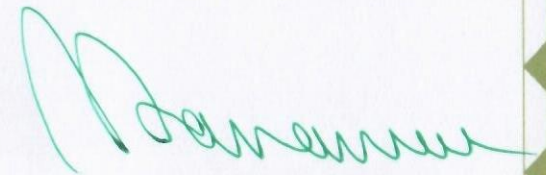
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ASHA.A Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



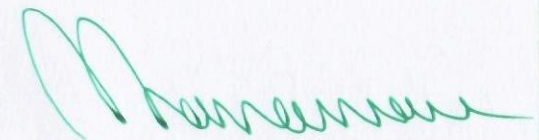
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Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
385, RICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ARUNKUMAR.N.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

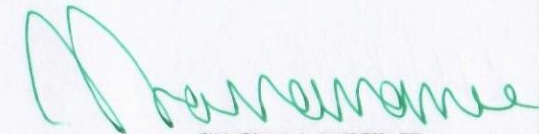
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM, ✓

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ANITHA.N Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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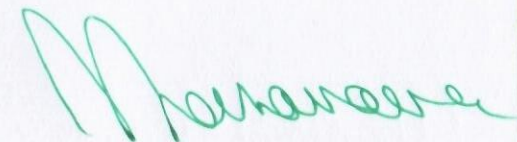
Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM,

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ANJAMANI.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



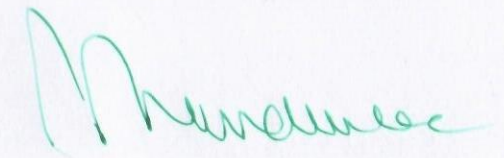
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
**DIRECTOR, E. S. HOSPITAL,**  
3&E, TRICHY TRUNK ROAD,  
**VILLUPURAM.**

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ANUSHA.K Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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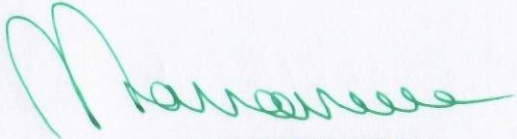
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REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ARULPANDI.R Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **KOWSALYA.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S.HOSPITAL,  
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VILLUPURAM.

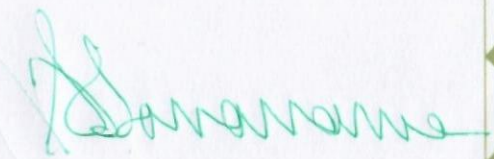


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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That AJAYPRASATH.I Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. NO: 51558.  
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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ALEXPANDIYAN.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM

  
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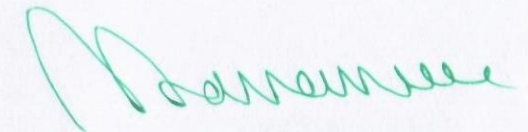
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ANBARASU.A Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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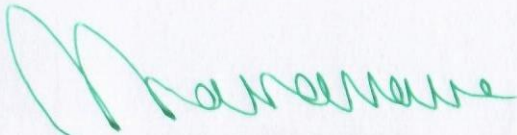
Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That ANITHA.A Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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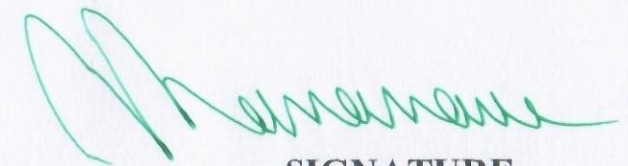
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SANGEETHA.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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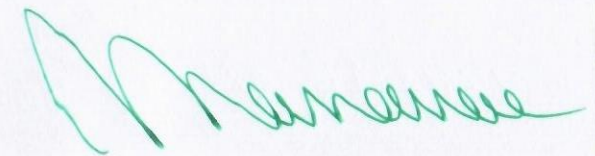
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SANTHI.K** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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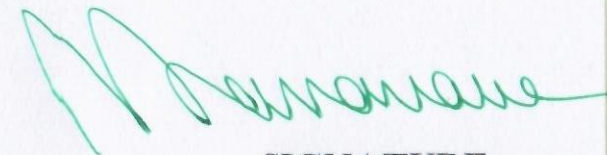
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SARANKUMAR.D Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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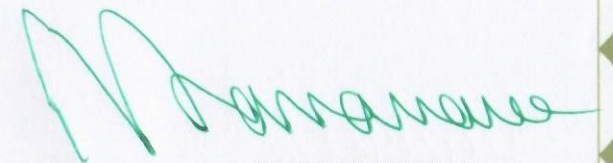
Dr. S. SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SARANYA.E Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM

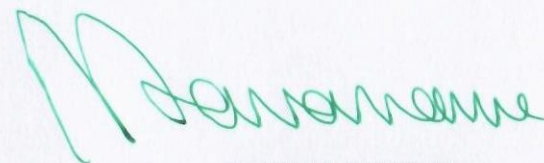


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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SUYAMBUSELVI.P** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SWETHA.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM

  
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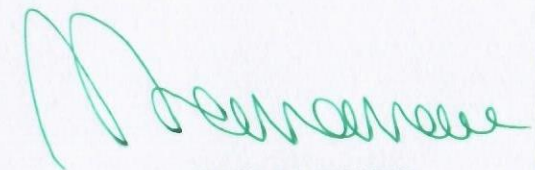
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL.,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That THAMIZHVANI.U Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

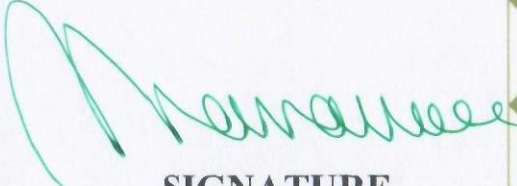
Dr. S. SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **THAMIZHVANI.U** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM

  
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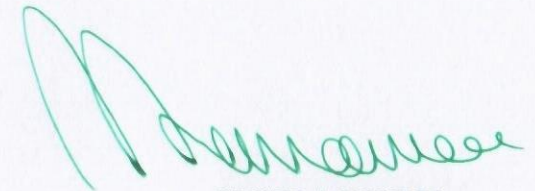
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **THILAGAVATHI.T** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



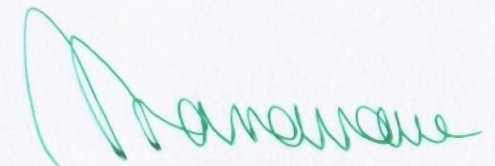
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **THIRUMAL.K** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

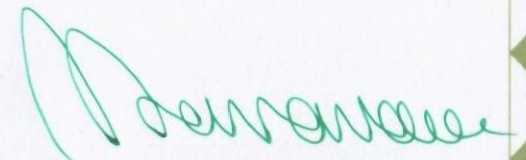
**Dr.S.SARAVANAN, M.D.:**  
REGN. No: 51558,  
DIRECTOR. E. S. HOSPITAL,  
72.B, TRICHY TRUNK ROAD/  
VILLUPURAM!

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That VALLARASU.V Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



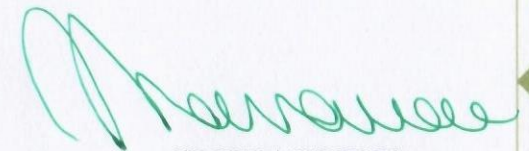
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **VIGNESH.R** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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Dr. S. SARAVANAN, M.D.  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

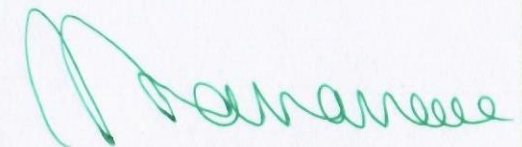


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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That VIJAYAKUMARI.V Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



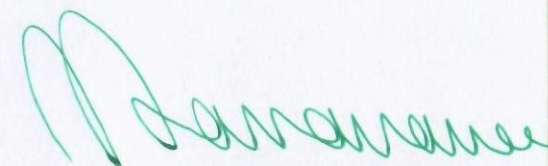
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Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR. E. S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That VINIYA.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



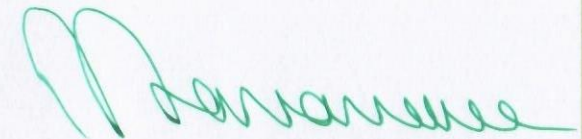
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**Dr.S.SARAVANAN, M.D.**  
REGN. No: 51558,  
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32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That VISHNUPRIYA.P Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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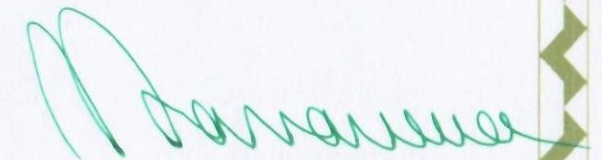
Dr. S. SARAVANAN, M.D.,  
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DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SANTHIYA A** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

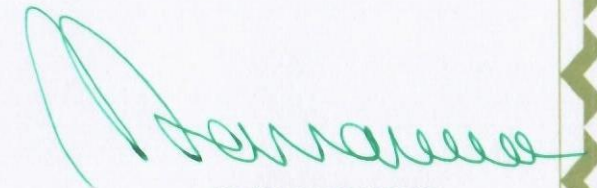
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM,

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SHABINA BEGAM S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

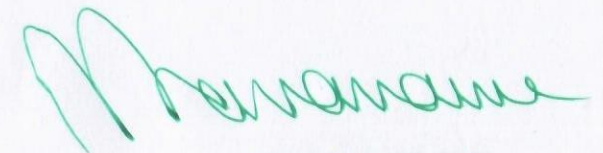
**Dr. S. SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SARANYA.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL -  
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VILLUPURAM.

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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SARITHA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



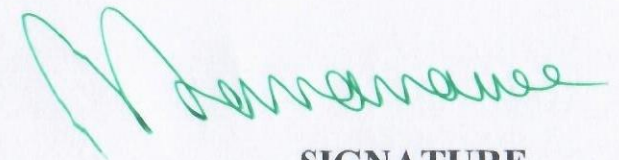
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Dr. S. SARAVANAN, M.D.  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SARITHA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

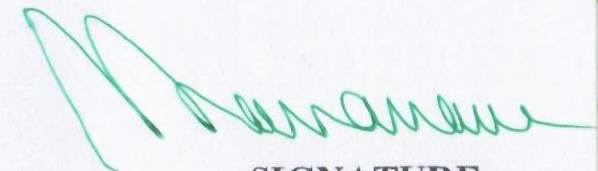


**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SHOBANALAKSHMI.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



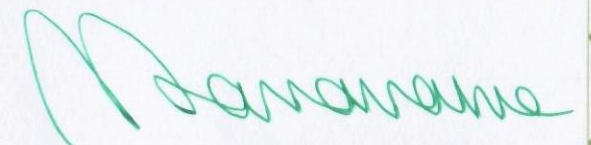
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REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SIVARANJANI.V** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. NO: 51558,  
DIRECTOR, E.S. HOSPITAL,  
82B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SIVASANKARIS** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



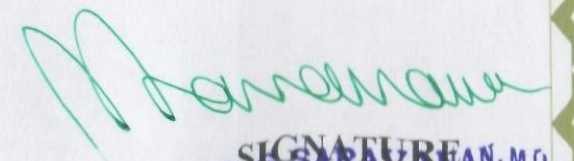
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REGN. No: 51558,  
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32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SIVASANKARIS** Has Received All The  
Three Doses Of **Hepatitis -B** Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



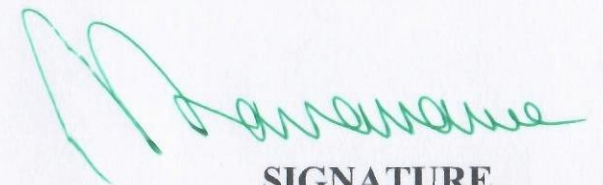
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REGN. No: 51558,  
DIRECTOR. E. S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SOFIYA.J** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



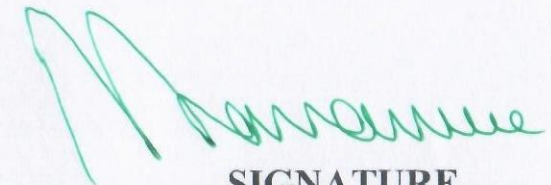
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SUBASRI.V** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



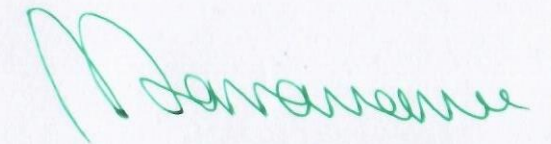
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REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SURYA.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



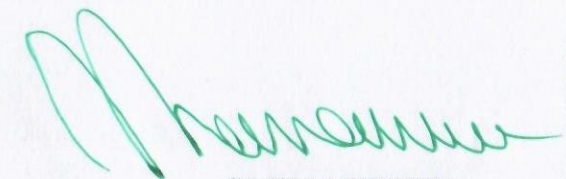
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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558.  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **RANJITHKUMAR.G** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

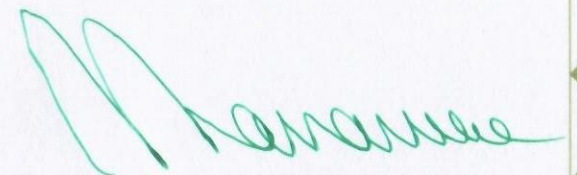


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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **RASIGA.B** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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REGN. No: 51558.  
DIRECTOR. E.S. HOSPITAL,  
12-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **RESHMA.P** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

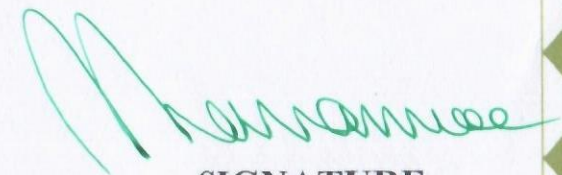
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR. E.S.HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SALETH MARY.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

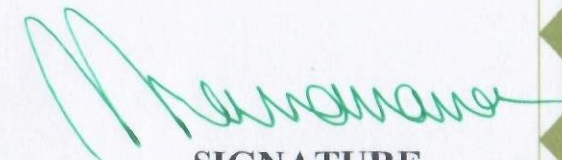
Dr. S. SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SANDHIYA.V Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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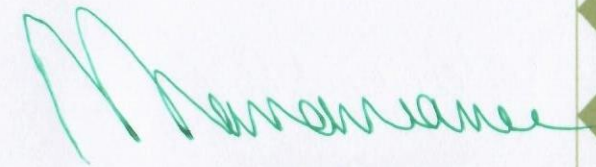
**Dr.S.SARAVANAN, M.D.**  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SANGEETHA.A** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



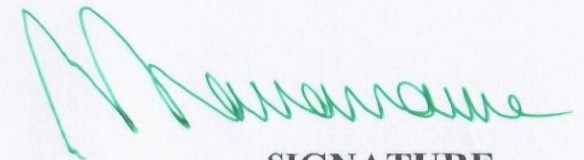
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**D.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That SANGEETHA.R Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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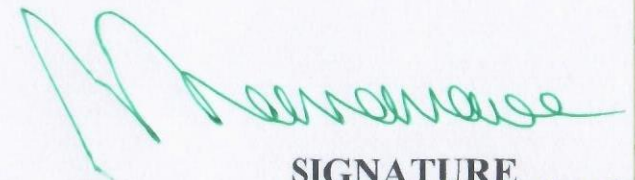
Dr. **S.SARAVANAN**, M.D.,  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **SANGEETHA.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



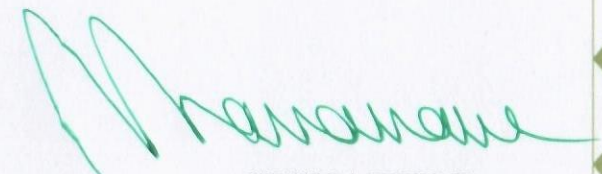
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**D.S.SARAVANAN, M.D.,**  
**REGN. No: 51558,**  
**DIRECTOR, E.S. HOSPITAL,**  
**32-B, TRICHY TRUNK ROAD,**  
**VILLUPURAM.**

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **RAJASHREE.R** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.



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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That RAGUL.R Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



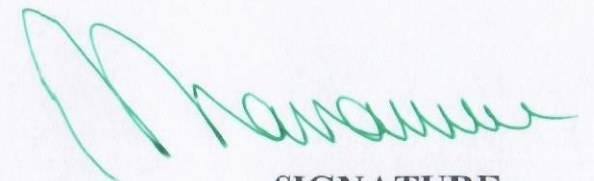
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Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **RAGAVI.V** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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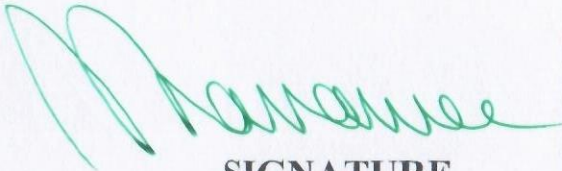
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558  
DIRECTOR. E.S. HOSP TAL.  
32-B, TRICHY TRUNK ROAD  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **RAGAVAN.R** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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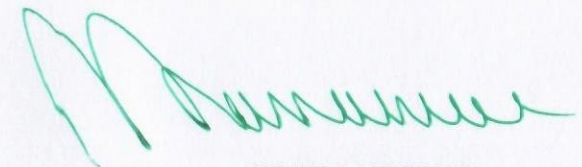
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That PUGAZHENDHI.R Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

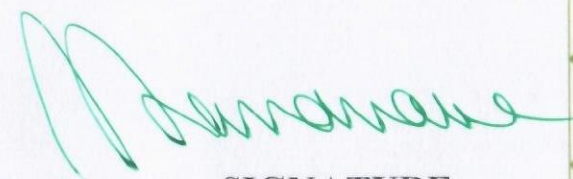
Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558.  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **PRIYADHARSINI.S** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

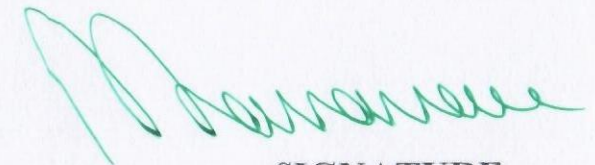
Dr.S.SARAVANAN, M.D.,  
REGN. No: 51558,  
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32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **PREMALATHA.V** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, E.S.HOSPITAL,  
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VILLUPURAM.

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **PREETHIMA.T** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



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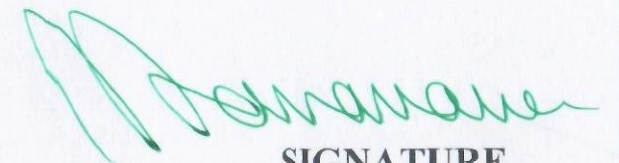
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REGN. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, KRISHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That PRASANNADEVI.S Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM

  
SIGNATURE

Dr. S. SARAVANAN, M.D.,  
REG. No: 51558,  
DIRECTOR, E.S. HOSPITAL,  
32B, TRICHY TRUNK ROAD,  
VILLUPURAM.

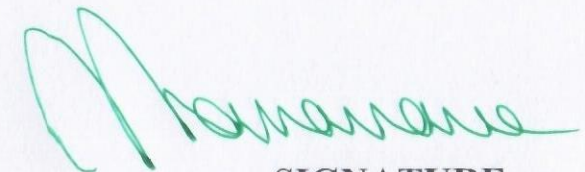


**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That PRAGADESWARI.P Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



SIGNATURE

**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
**DIRECTOR, E.S. HOSPITAL,**  
32-B, TRICHY TRUNK ROAD,  
**VILLUPURAM.**

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That POYYAMOZHIM Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

PLACE: VILLUPURAM



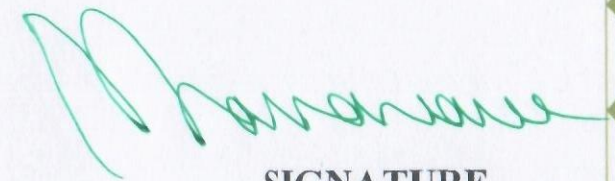
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Dr. S. SARAVANAN, M.D.,  
REGN. No: 51558,  
DIRECTOR. E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **PATHIMA.E** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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VILLUPURAM.

**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That NIVETHA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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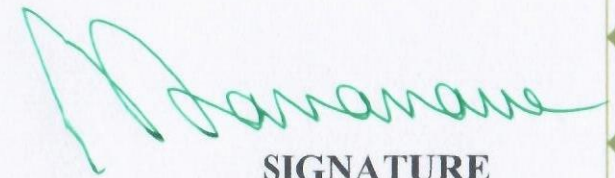
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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That NANDHINI.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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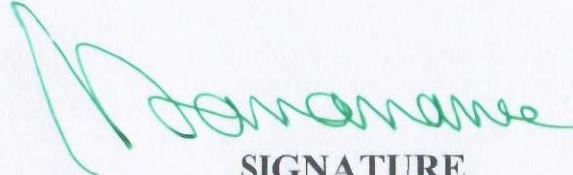
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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That MUTHAMIZH.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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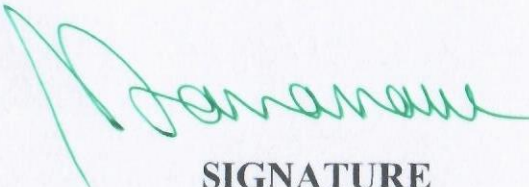
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**CERTIFICATE**  
***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That **MOORTHY.M** Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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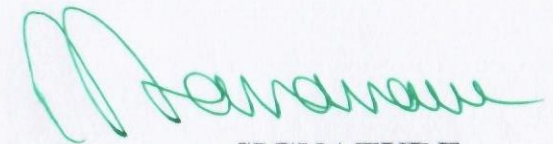
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I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That MOHAMEDADHAMMUBAREK.A Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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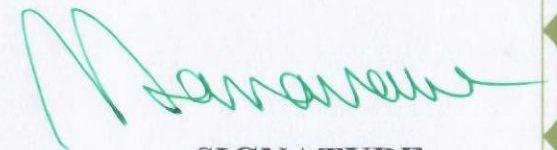


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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That MEENA.L Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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***FREEDOM FROM HEPATITIS-B***

DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That MANIMOZHIS Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
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III DOSE	04.05.2017	04.05.2017

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Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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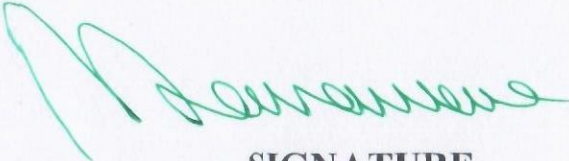
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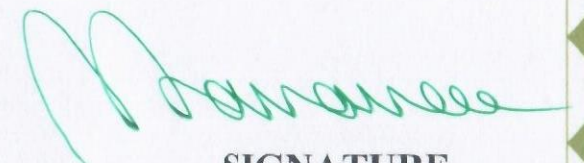
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I DOSE	04.10.2016	04.10.2016
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III DOSE	04.05.2017	04.05.2017

*This Is To Certify That MAHALAKSHMI.T Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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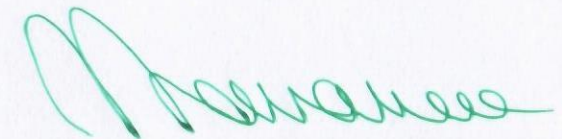
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DOSES	DUE DATE	RECEIVED DATE
I DOSE	04.10.2016	04.10.2016
II DOSE	04.11.2016	04.11.2016
III DOSE	04.05.2017	04.05.2017

*This Is To Certify That MADHUMITHA.M Has Received All The  
Three Doses Of Hepatitis -B Vaccine, On Above Mentioned Dates.*

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