

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM

*Saravanan*

SIGNATURE

**D.S. SARAVANAN**  
REGN. No: 5155  
DIRECTOR, E.S. HOSPITAL  
32-B, TRICHY TRUNK ROAD  
VILLUPURAM

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE  
Dr. S. SARAVANAN, M.D.  
REGN. No: !

328, TRICHY TRUNK ROAD  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM

*Saravanan*

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

# CERTIFICATE

## *FREEDOM FROM HEPATITIS-B*

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



**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	25. 01. 20	25. 01. 20
II DOSE	27. 02. 20	27. 02. 20
III DOSE	28. 08. 21	28. 08. 21

*This Is To Certify That **KANIMOZHIM** 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,

VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM

*Saravanan*

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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



**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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **JEEVA. 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.



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



Dr.S.SARAVANAN M.D.,  
REG. NO. 1058,  
DIRECTOR, E.S. HOSPITAL,  
32B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **JAYAPRIYA.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM




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

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM

  
**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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



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

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **NIRMALA.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, P. TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That MAHALAKSHMI.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That MAHALAKSHMI.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,  
92 B, TRICHY TRUNK ROAD,  
VILLUPURAM.



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That MOZHIYAZHAGI.V 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **LIVEENA.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That LAKSHMIKANDHAN.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **LOHESHWARI. G** 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **LILLY.V** 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That LAKSHMI PRIYA.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM

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

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **REKHA.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'S HOSPITAL  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **RANJITHA.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, P.S. HOSPITAL  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **RAMYARANJANIS** 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, S.S. HOSPITAL

32-B, TRICHY TRUNK ROAD,

VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **DHIVYA BHARATHI. 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, CHILD HEALTH,

32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That DEEPIKA.V 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **DHARSHINI.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

**DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM:**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

**Dr. B. 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

**DIRECTOR, E.S.HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.**



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

**DIRECTOR, C.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

Dr.S.SARAVANAN, MB  
REGD NO. 31558,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

**DIRECTOR, S. HOSPITAL,  
32-B, TRICHYBUNK ROAD,  
VILLUPURAM.**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

**D. S. SANKARANARAYANAN, 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SURENDHAR.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: 51552  
DIRECTOR, S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.09.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

**DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

**Dr. B. SARAVANAN, M.D.**  
No. 81556,  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That YUVASRI.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 OF HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25-01-20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That YUVASREE. 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'S HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **POOVARASI.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.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **RAJESHWARI.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, L.S.HOSPITAL  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

**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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That SNEHA.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: 51559  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SUSMITHA.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. 51222  
**DIRECTOR, E.S. HOSPITAL,**  
**32-B, TRICHY TRUNK ROAD,**  
**VILLUPURAM.**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SUSMITHA.B.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM

  
SIGNATURE

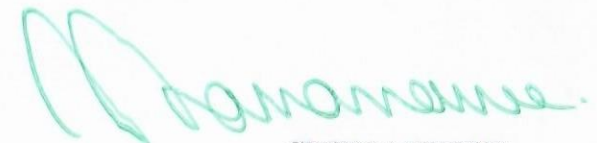
**Dr. S. SARAVANAN, M.D.**  
REG. NO: 51552  
DIRECTOR, E.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SRIJA.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SINDHU.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SWETHA.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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **SATHIYA.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. HOOSPITAL,  
11-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **PRIYADHARSHINI.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.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That NITHIYASREE.G 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: L.S. HOSPITAL,

32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That NAVEEN KUMAR.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, HOSPITAL  
32-B, TRICHY TRUNK ROAD  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That NISHA.N 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **VENGATESH.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,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

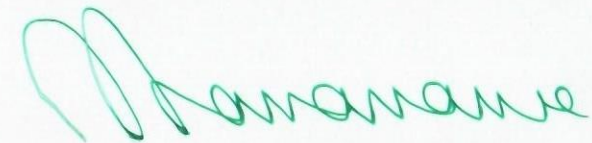
**Dr.S.SARAVANAN, M.D.,**  
REGN. No: 51558,  
DIRECTOR, F.S. HOSPITAL,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **YUVARAJ.G** 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,  
1027 TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That VIJAYASREE.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, DISTRICT HEALTH OFFICE,  
32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **VIGNESHWARI. 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: 51552  
**DIRECTOR, E.S. HOSPITAL,**  
**32-B, TRICHY TRUNK ROAD,**  
**VILLUPURAM.**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **RESHMA.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,

32-B, TRICHY TRUNK ROAD,  
VILLUPURAM.



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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **THILAGAVATHI.J** 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	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

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

PLACE: VILLUPURAM



SIGNATURE

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

**DIRECTOR, E.S. HOSPITAL,  
82-B, TRICHY TRUNK ROAD,  
VILLUPURAM.**

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

DOSES	DUE DATE	RECEIVED DATE
I DOSE	25.01.20	25.01.20
II DOSE	27.02.20	27.02.20
III DOSE	28.08.21	28.08.21

*This Is To Certify That **PRASANAKUMAR.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.

12-B, TRICHY TRUNK ROAD,  
VILLUPURAM