Hospital's Logo

居留或定居健康檢查項目表
Health Certificate for Residence Application

（醫院名稱、地址、電話、傳真）
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination
2021/12/14

基本資料 / Basic Data

姓名 / Name：DIPTIMAYEE BAHIN PATI	性別 / Sex：☐ 男 / M ☑ 女 / F
身份證字號 / ID No.：	護照號碼 / Passport No.：U3011621
出生年月日 / Date of Birth：1987/10/07	國籍 / Nationality：INDIAN
年齡 / Age：34 YRS	聯絡電話 / Phone No.：8249005972

實驗室檢查 / Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis：

X 光發現 / Findings：NORMAL LUNG PARENCHYMA IS OUTLINED

判定 / Result：

☑ 合格 / Passed ☐ 疑似肺結核 / TB suspect ☐ 無法確認診斷 / Pending ☐ 不合格 / Failed

☐ 孕婦或 12 歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites：

☐ 陽性，種名 / Positive, Species _____ ☑ 陰性 / Negative

☐ 其他可不予治療之腸內寄生蟲 / Other parasites that do not require treatment _____

☐ 來自附錄二之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 梅毒血清檢查 / Serological Tests for Syphilis：

檢驗 / Tests：

a. ☐ RPR ☐ VDRL

☐ 陽性 / Positive，效價 / Titers _____ ☑ 陰性 / Negative，效價 / Titers _____

b. ☐ TPHA ☐ TPPA ☑ FTA-abs ☐ TPLA ☐ EIA ☐ CIA

☐ 陽性 / Positive，效價 / Titers _____ ☑ 陰性 / Negative，效價 / Titers _____

c. ☐ other _____ ☐ 陽性 / Positive，效價 / Titers _____

☐ 陰性 / Negative，效價 / Titers _____

判定 / Result：☑ 合格 / Passed ☐ 不合格 / Failed

☐ 15 歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates：

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody ☑ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody ☑ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)

☐ 麻疹預防接種證明 / Measles Vaccination Certificate

☐ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. ☐ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

漢 生 病 檢 查 / Examinations for Hansen's Disease

全身皮膚視診結果 / Skin Examination

☑ 正常 / Normal

☐ 異常 / Abnormal：○ 非漢生病 / Not related to Hansen's disease：_____

○ 疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations

a. 病理切片 / Skin Biopsy：_____

b. 皮膚抹片 / Skin Smear：○ 陽性 / Positive ○ 陰性 / Negative

c. 皮膚病灶合併感覺喪失或神經腫大 / Skin lesions combined with sensory loss or enlargement of peripheral nerves：○ 有 / Yes ○ 無 / No

判定 / Result：

☑ 合格 / Passed ☐ 須進一步檢查 / Needs further examinations ☐ 不合格 / Failed

☐ 來自附錄四之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 4

健康檢查總結果 / The final result of health examination：

☑ 合格 / Passed ☐ 須進一步檢查 / Need further examinations ☐ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist：_____

負責醫師簽章 / Signature of Chief Physician：_____

H.O.D Medicine
SCBMCH, Cuttack

醫院負責人簽章 / Signature of Superintendent：_____

Superintendent
SCBMCH, Cuttack

SCB MEDICAL COLLEGE & HOSPITAL

日期 / Date：2021 / 12 / 14

備註 / Note：本證明三個月內有效。 / The certificate is valid for three months.

Web No.:-01825100062022
Uploaded on dt:-10.01.2022
At http://www.homeodisha.gov.in
>Home>Passport Certificate>Int

AUTHENTICATED
10/1/2022
Dr. Santosh Bala
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)

Received the original
10.01.2022

23-DEC 2021

भारतीय गैर न्यायिक

₹10 ₹10 BHUBANESWAR BAR ASSOCIATION ODISHA 2021 - 2022

दस रुपये

भारत

TEN RUPEES

रु.10

सत्यमेव जयते

INDIA

Rs.10

SPECIAL ADHESIVE

INDIA NON JUDICIAL

Sri Muralidhar Sahu
Notary of Advocate
Govt. of Odisha
Bhubaneswar-14
Regd. No.-76/2012
Ph. 9437089248

BEFORE THE NOTARY BHUBANESWAR

ଓଡ଼ିଶା ओडिशा ODISHA

52AA 544825

AFFIDAVIT

We(1)Diptimayee Bahinpati,Date of birth-7.10.1987 W/o-Srinivas Dash (2)Srinivas Dash,date of birth-10.9.1984 S/o-Balabhadra Dash,both are residing at Pathuria sahi, Puri,Ps/Dist.Puri,Odisha-752001 do he reby solemnly affirm and state as under:-

NOTARY Sri Muralidhar Sahu Bhubaneswar Regd.No.-76/2012 Ph-9437089248 GOVT. OF ODISHA

1. That,we are the deponents ofthis affidavit.

2. That,we got married to each other on dtd.8.3.2019 as per Hindu rites & customs in presence of parents,friends ,relatives and well wishers.

Diptimayee Bahinpati

....2/

21492

23/12/21 Deptimaya Bakeriteed

LOKANATH PRADHAN
STAMP VENDER
Civil Court, Bhubaneswar

S2-191
Date 23/12/2021

Diptimayee Bahinpati

No.:-OR25100062022
Uploaded on dt:- 10/01/2022
At http://www.homeodisha.gov.in

AUTHENTICATED

10/1/2022

Dr. Santosh Bala
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)

3. We affixed our joint photographs hereto.

4. That,this affidavit is required to be produced before the concerned authority for necessary action.

That,the facts stated above are true to the best of our knowledge.

Identified by me

1. Diptimayee Bahinpati

23.12.2024

Advocate, BBSR

2.

Deponents

1. Diptimayee Bahinpati

2.

Deponents

Notary, BBSR

23/12/2024

Sri Muralidhar Sahu
Notary of Advocate
Govt. of Odisha
Bhubaneswar-14
Regd. No.-76/2012
Ph:-9437089248

NOTARY
Sri Muralidhar Sahu
Bhubaneswar
Regd.No.-76/2012
Ph-9437089248
GOVT. OF ODISHA

3. We affixed our joint photographs hereto.

File No.:-018251 00062022
Uploaded on: 10/01/2022
At http://www.homeodisha.com

AUTHENTICATED
10/1/2022
Dr. Santosh Bala
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)

Deponents

I received the original
10.1.2022.

Deponents

Notary, BBSR

Sri Muralidhar Sahu
Notary of Advocate
Govt. of Odisha
Bhubaneswar-14
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