



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 : DIPTIMAYEE<br>Name : BAHIN PATI | 性別 : <input type="checkbox"/> 男 / M <input checked="" type="checkbox"/> 女 / F<br>Sex |
| 身份證字號 :<br>ID No.                    | 護照號碼 :<br>Passport No. U3011621                                                      |
| 出生年月日 : 1987/10/07<br>Date of Birth  | 國籍 :<br>Nationality INDIAN                                                           |
| 年齡 :<br>Age 34 YRS                   | 聯絡電話 :<br>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  
☐ 來自附錄三之國家/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 :

醫院負責人簽章 / Signature of Superintendent :

Superintendent  
SCBMCH, Cuttack

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.

No.: 018251.0.0062.022

Uploaded on dt.: 10.01.2022

At: <http://www.homedata.org>

Home Data - Certificate - Ver

AUTHENTICATED

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

Received the original  
Dushinipah  
10/01/2022



भारतीय गैर न्यायिक

भारत

दस  
रुपयेTEN  
RUPEES

रु.10

Rs.10

INDIA

INDIA NON JUDICIAL

BEFORE THE NOTARY

ଓଡ଼ିଶା ओडिशा ODISHA

AFFIDAVITMuralidhar Sahu  
Notary of Advocate  
Govt. of Odisha  
Bhubaneswar-14  
Regd. No. 76/2012  
BHUBANESWAR 751008  
52AA 544825

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,

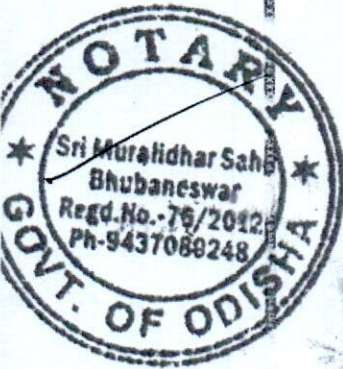
Puri, Ps/Dist.Puri, Odisha-752001 do hereby solemnly

affirm and state as under:-

1. That, we are the deponents of this 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 Diptimayee Bahinipati

*[Signature]*  
*[Signature]*

LOKANATH PRADHAN  
STAMP VENDER  
CMI Court, Bhubaneswar

S 2-191  
Date 23/12/2021

Diptimayee Bahinipati

No. 018251.00062022  
Uploaded on dt. 10.01.2022  
At <http://www.homesdisha.gov.in>  
Homesdisha Certificate

AUTHENTICATED

*[Signature]*  
10/1/2022  
Dr. Santosh Bala  
Special Secretary  
Home Department  
Govt. of Odisha  
Bhubaneswar (INDIA)





- 2 -  
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

Advocate, BBSR

1. Diptimayee Bahinapati

2.

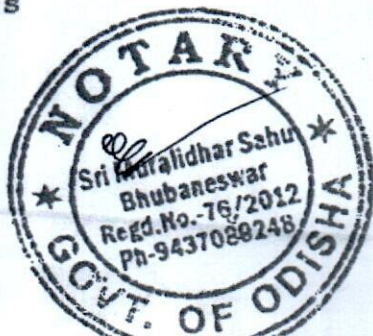
Deponents

1. Diptimayee Bahinapati

2.

Deponents

Notary, BBSR



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



3. We affixed our joint photographs hereto.



File No.: -012251 00062092

Uploaded on dt: 10.01.2022

At: <http://www.homedrha.gov.in>

Place: Patna, Bihar

That, this statement is required to be produced before the concerned authority for necessary action. The facts stated above are true to the best of

**AUTHENTICATED**

*[Signature]*  
10/1/2022  
**Dr. Santosh Bala**  
Special Secretary  
Home Department  
Govt. of Odisha  
Bhubaneswar (INDIA)



*[Handwritten signature]*

Deponents

1. *[Handwritten signature]*  
Received the original  
*[Handwritten signature]*  
10.1.2022  
Deponents

1. Muralidhar Sahu  
Notary of Advocate  
Govt. of Odisha  
Bhubaneswar-75  
Regd. No. 76/2012  
Ph: 943709248

