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: 2022/01/31

醫院標誌 Hospital's Logo

基本資料 / Basic Data

姓名 Name: PRAGYAN BATI PRUSTY	性別 Sex: ☐ 男 / M ☑ 女 / F
身份證字號 ID No.:	護照號碼 Passport No.: V3452611
出生年月日 Date of Birth: 1996 / 02 / 10	國籍 Nationality: INDIAN
年齡 Age: 25Y8M	聯絡電話 Phone No.: 8249675886

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

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： Not available

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 — Certificate available / Not available

☐ 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

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AUTHENTICATED

10/2/2022

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

Under Section 8 of Hindu Marriage Act, 1955
& Orissa Hindu Marriage Registration Rule, 1960

Form-A

Certificate of Hindu Marriage Registration

(See Rule-4)

Regd No: **MR/KNJ/000128**

Date of Registration: **08/02/2022**

Application No: **MR-KNJ-2022-02-03-000672**

Date of Application: **03/02/2022**

This is to certify that Shri **Satyabrata Dash**, S/O **Gayadhar Dash**, residing at **Lane 5, Bhalukipatala, Keonjhar - 758001, Odisha, INDIA** and Smt **Pragyanbati Prusty**, D/O **Bishnuprasad Prusty**, residing at **Nurpur Road, Motiganj, Baleswar - 756003, Odisha, INDIA** have furnished the particulars in Memorandum declaring that their marriage has been solemnized on **02/02/2022** at **Hotel Kashvi International, Madhapur, Keonjhar** and that the same has been registered this day on **08/02/2022** with registration no. **MR/KNJ/000128** of Registrar of Marriages, maintained under the Orissa Hindu Marriage Registration Rule, 1960.

Other Particulars:

Age of Parties at the Time of Marriage:	**Bride (10/02/1996) & Bridegroom (07/02/1988)**
Name and Address of Guardians(Bride):	**Bishnuprasad Prusty** **Nurpur Road, Motiganj, Baleswar - 756003, Odisha, INDIA**
Name and Address of Guardians(BrideGroom):	**Gayadhar Dash** **Lane 5, Bhalukipatala, Keonjhar - 758001, Odisha, INDIA**
Name and Address of Witenesses to the Marriage:	**1. Suresh Prusty** **College Road, Bhuban, Dhenkanal - 759017, Odisha, INDIA** **2. Devabrata Dash** **Lane 5, Bhalukipatala, Keonjhar - 758001, Odisha, INDIA**

By Order of Madhusmita Samantaray
Registrar of Marriage
Keonjhargarh Municipality

Signature valid
Digitally Signed
Name: Madhusmita Samantaray
Date: 08-Feb-2022 12:35:43
Location: Odisha

File No.:-018251 00262022
Uploaded on dt. 10-02-2022
At http://www.homeodisha.gov.in
> Boards>Passport>Certificate>Year"

GOVERNMENT OF ODISHA * HOME DEPTT.

10/2/2022

AUTHENTICATED

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

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

DR. (MD)
19.01.2022
Consultant Skin&VD
Capital Hospital, BBSR.

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：Aditya Kumar Jena,

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

Specialist in...medicine.....
Capital Hospital, BBSR
Govt. of Odisha

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

日期 / Date：2022 / 01 / 31

31.1.22

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

I/c Superintendent
Capital Hospital, Bhubaneswar

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Uploaded on dt:....10.-02.-2022
At http://www.homeodisha.gov.in
>Branch>Passport>Certificate>Year"

AUTHENTICATED

GOVERNMENT OF ODISHA * HOME DEPTT. *

10/2/2022

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