(English Version)

FORM NO-7/8

ISSUE NO : 5720/2020

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Puri Municipality

CERTIFICATE OF BIRTH

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules of Odisha Births and Deaths, Rule 2001

This is to certify that following information has been taken from the original records of birth which is in the register for **Puri Municipality** of Tahasil **PURI** of District **PURI** of State **ODISHA**

Date of Birth..... **19/06/2020**

Sex..... **MALE**

Name **SATYAJEET PRADHAN**

Name of Father **MANASH KUMAR PRADHAN**

Name of Mother **MANASMITA MOHANTY**

Date Of Registration..... **22/06/2020**

Permanent Address..... **AT-HATUADANDA, PO-KHALKATA PATANA, PS-RAMACHANDI, PURI, ODISHA, INDIA**

Place of Birth..... **DIST HEADQUARTERS HOSPITAL, PURI**

Registration No..... **3590/2020**

Signature valid

Digitally signed by ASHOK KUMAR SITHA
Date: 2020.09.14 13:18:00 IST
Reason: Birth Application
Location: PURI

DR ASHOK KUMAR SITHA
Issuing Authority
Registrar, Births & Deaths
PURI MUNICIPALITY

Date :14/09/2020

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4,5&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action.

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AUTHENTICATED

15/2/2022

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

GOVERNMENT OF ODISHA
HOME DEPTT.

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/KON/000096**

Date of Registration: **01/02/2022**

Application No: **MR-KON-2022-01-19-000445**

Date of Application: **19/01/2022**

This is to certify that Shri **MANASH KUMAR PRADHAN,** S/O **BHIMASEN PRADHAN,** residing at **HATUADEANDA,SUTANA,KHALKATAPATANA,PURI, PURI - 752111, ODISHA, INDIA** and Smt **MANASMITA MOHANTY,** D/O **NIRANJAN MOHANTY,** residing at **BERUHAN,PO-JUNEI KONARK, PURI - 752111, ODISHA, INDIA** have furnished the particulars in Memorandum declaring that their marriage has been solemnized on **13/05/2019** at **BERUHAN** and that the same has been registered this day on **01/02/2022** with registration no. **MR/KON/000096** of Registrar of Marriages, maintained under the Orissa Hindu Marriage Registration Rule, 1960.

Other Particulars:

Age of Parties at the Time of Marriage:	**Bride (25/04/1995) & Bridegroom (10/02/1994)**
Name and Address of Guardians(Bride):	**NIRANJAN MOHANTY** **BERUHAN,PO-JUNEI,KONARK, PURI - 752111, ODISHA, INDIA**
Name and Address of Guardians(BrideGroom):	**BHIMASEN PRADHAN** **HATUADANDA,SUTANA,KHALKATAPATNA, PURI - 752111, ODISHA, INDIA**
Name and Address of Witenesses to the Marriage:	**1. KSHETRA BASI SAHOO** **JAGANNATH COLONY,KUMUTI PATANA, PURI - 752002, ODISHA, INDIA** **2. CHANDAN MOHANTY** **NEW COLONY,INFRONT OF BISWAMBER BIDYAPITHA, PURI - 752001, ODISHA, INDIA**

By Order of Aakriti Goenka
Registrar of Marriage
Konark NAC

Signature valid
Digitally Signed
Name: Aakriti Goenka
Date: 01-Feb-2022 19:14:55
Location: Odisha

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Bhubaneswar (INDIA)

GOVERNMENT OF ODISHA
HOME DEPTT.

醫院標誌
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
YYYY / MM / DD

基本資料 / Basic Data

姓名 Name : manasmita mohanty	性別 Sex : ☐ 男 / M ☑ 女 / F
身份證字號 ID No. :	護照號碼 Passport No. : S63485
出生年月日 Date of Birth : YYYY / MM / DD 1995 04 25	國籍 Nationality : India
年齡 Age : 27 years	聯絡電話 Phone No. : 7847829553

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 Study
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 – Negative
☐ 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

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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

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：_____

日期 / Date：YYYY / MM / DD 14/02/2022

AMRI HOSPITALS

14/2/2022

Dr. Siddharth Mishra
Medical Superintendent
AMRI Hospitals, Bhubaneswar

14/2/2022

Dr. Bibhudutta Rautaraya(M.D)
Incharge-Unit Central Lab Services
AMRI Hospitals,Bhubaneswar

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

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AUTHENTICATED

15/2/2022

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

GOVERNMENT OF ODISHA * HOME DEPT.

Dr. Bibhudutta Rautaray(M.D)
Incharge-Unit Central Lab Services
AMRI Hospitals,Bhubaneswar

Dr. Siddharth Mishra
Medical Superintendent
AMRI Hospitals, Bhubaneswar