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
2022 / 06 / 14

## 基 本 資 料 / Basic Data

| | |
|---|---|
| 姓 名 Name : ADYASA BARIK | 性別 Sex : ☐ 男 / M ☑ 女 / F |
| 身份證字號 ID No. : | 護照號碼 Passport No. : V7851032 |
| 出生年月日 Date of Birth : 1992 / 06 / 05 | 國 籍 Nationality : INDIAN |
| 年齡 Age : | 聯絡電話 Phone No. : (+91) 7381617471 |

## 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：**

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：Not applicable

○ 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：_____

Lab Manager (Quality & Management) Central Laboratory IMS & Sum Hospital, BBSR

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

Prof. Dr. Chandan Das MD, FICP PG Dept. of Medicine IMS & SUM Hospital Regd. No-13473/OMC

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

日期 / Date：2022 / 06 / 06

Medical Superintendent IMS & SUM Hospital, BBSR

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

File No.:-018251 01062022

Uploaded on dt. 29-06-2022

At http://www.homeodisha.gov.i

>Branch>Passport>Certificate>Yea

AUTHENTICATED

28/6/2022

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

GOVERNMENT OF ODISHA * HOME DEPTT. *

Certificate No.- 210291500017 of 2021

## OFFICE OF THE MARRIAGE OFFICER , DHUSURI, DIST-BHADRAK[ODISHA]

**(Under the Special Marriage Act-1954)**

**THE FIFTH SCHEDULE**

**(See Section 16-Special Marriage Act 1954)**

# CERTIFICATE OF MARRIAGE

I, ANUPA KUMAR BEHERA , Marriage Officer DHUSURI, Dist- BHADRAK Hereby certify that, on the 23rd day of Nov, 2021

| | Husband | | Wife |
|---|---|---|---|
| Name : | DEBASISH BISWAL | Name: | ADYASA BARIK |
| S/O: | AKSHAYA KUMAR BISWAL | D/O | KANHEI CHARAN BARIK |
| At : | KULEIPADA,OLAGA,,DHUSURI,DIST-BHADRAK | At: | SAJANSINGHAPUR ,SOHADA ,DHAMANAGAR , ,DIST-BHADRAK |
| At Present : | KULEIPADA,OLAGA,,DHUSURI,DIST-BHADRAK | At Present : | KULEIPADA ,OLAGA ,DHUSURI , ,DIST-BHADRAK |

Appeared before me this **23rd** day of **Nov 2021** and that each of them in my presence and in the presence of three witnesses, who have signed hereunder have declared that a cermony of MARRIAGE has been performed between them and that they have been living together as husband and wife since the time of their marriage and that in accordance with their desire to have their marriage registered under this Act, the said MARRIAGE has this day of 23rd Nov 2021 been registred under the Act having effect from **04 Feb 2020**.

Husband

Wife

sd/-

**ANUPA KUMAR BEHERA**

MARRIAGE OFFICER
DHUSURI Dist- BHADRAK

WITNESS DETAILS

| Name | Father/Husband Name | Address | Age | Signature |
|---|---|---|---|---|
| KANHEI CH. BARIK | KRUSHNA CHANDRA BARIK | AT-SOHARA,PO-SUJANSINGHAPUR,BHADRAK | 64 | |
| AKSHAY KUMAR BISWAL | ADIKAND BISWAL | AT-KULEIPADA,PO-OLAGA,PS-DHUSURI,DIST-BHADRAK | 58 | |
| SAROJINI BISWAL | KULAMANI PARIDA | AT-KULEIPADA,PO-OLAGA,PS-DHUSURI,DIST-BHADRAK | 57 | |

CERTIFIED TO BE A TRUE COPY

23rd Day of Nov 2021

Compared by:-

Copy Prepared by:- Prasanna Kumar Hota dt-26-11-2021 J.C.

Examiner:-

MARRIAGE OFFICER
DHUSURI

MARRIAGE OFFICER DHUSURI
DIST-BHADRAK (ODISHA)

"File No.:-018251 0106 2022
Uploaded on dt:- 24-06-2022
At http://www.homeodisha.gov.in
>Branch>Passport>Certificate>Year"
AUTHENTICATED

24/6/2022

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

GOVERNMENT OF ODISHA
HOME DEPTT.