Certificate No.- 230090500003 of 2023

OFFICE OF THE MARRIAGE OFFICER ,JALESWAR,BALASORE[ODISHA]
(Under the Special Marriage Act-1954)
THE FOURTH SCHEDULE
(See Section 13)

CERTIFICATE OF MARRIAGE

I, AMLAN NAYAK, Marriage Officer, JALESWAR, Dist-BALASORE, hereby certify that, on the 15th day of May, 2023 , NALIN KUMAR GIRI aged about 28 years, S/o-BHABANI SANKAR GIRI, AT-GADASAHI BALIAPAL, PO-GADASAHI BALIAPAL, PS- JALESWAR, DIST-BALASORE At Present AT-GADASAHI BALIAPAL, PO-GADASAHI BALIAPAL, PS- JALESWAR, DIST-BALASORE, PIN-756023 and MOUSUMI PAUL, aged about 21 years, D/o- BIRABHADRA PAUL, AT-SITADIHA, PO-MACHHARANKA SIMULIA, PS- SINGLA, DIST-BALASORE At Present AT-SITADIHA, PO-MACHHARANKA SIMULIA, PS- SINGLA, DIST-BALASORE, PIN-756023 , appeared before me and that each of them in my presence and in the presence of three witnesses, who have signed hereunder made the declaration required under section 11 & that a marriage under this act was solemnized between them in my presence.

Bridegroom:	Nalin Kumar Giri
Bride:	Mousumi Paul

Digitally signed by AMLAN NAYAK
Date: 2023.05.15 13:19:33 +05:30

MARRIAGE OFFICER
JALESWAR

WITNESSES

Name	Father/Husband Name	Address	Age	Signature
SUSAMA GIRI	MAHESWAR PAL	AT/PO-GADASAHIBALIAPAL, PS-JALESWAR	60	Susama Giri
BHABANI SANKAR GIRI	LAMBODARA GIRI	AT/PO-GADASAHIBALIAPAL, PS-JALESWAR	73	
BIRABHADRA PAL	LATE DIBAKAR PAL	AT- SITADIHA, PO-MACHHARANKA SIMULIA, PS- SINGLA	51	Birabhadra Pal

File No.:-018251 0086 2023
Uploaded on dt:- 05-06-2023
At http://www.homeodisha.gov.in
<Branch> Passport> Certificate> Year"

AUTHENTICATED

5/6/2023

GOVERNMENT OF ODISHA
HOME DEPTT.

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

CAPITAL HOSPITAL, BHUBANESWAR
104
Date 03/06/2023
GOVT. OF ORISSA

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 : MOUSUMI PAUL.	性別 Sex : ☐ 男 / M ☑ 女 / F
身份證字號 ID No. :	護照號碼 Passport No. : W7068828
出生年月日 Date of Birth : 2001 / 07 / 20 (YYYY / MM / DD)	國籍 Nationality : INDIAN
年齡 Age : 21	聯絡電話 Phone No. : 9337521466

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：NAD

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： NAD

☐ 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 NAD ☐ 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

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 } Enclosed

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

3/06/23

Dr. Sumanta Kumar Dash (MD)
Consultant Dermatologist
Capital Hospital, Bhubaneswar

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：_____ 3-6-23

Superintendent
Capital Hospital, Bhubaneswar

日期 / Date：2023 06 03 YYYY / MM / DD

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

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5/6/2023

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

GOVERNMENT OF ODISHA ★ HOME DEPTT. ★