

## UK Pre-Departure Tuberculosis Detection Programme Medical Certificate

Vasi						
1	Certificate No:	IND/017/00/34443		Issue Date:	25-02-2022	
n MANUS	SPAID No:	IND/017/	*	Expiry Date:	24-08-2022 *	
	City/Town:	KOLKATA		Country:	India	
Given name(s)(as shown	in passport): DIBAK	AR				
Family name(as shown in	mily name(as shown in passport): DAWN			Sputum Test: Not Done Negative  Chest X-Ray: Not Done Normal Abnormal		
Gender Male	Female Date of	of Birth: (DD/MM/YYYY)	20-12-1985	NO evidence of active pulmonary TB		
Nationality: INDIAN	Passpo	ort No: V3479753				
Number of accompanying children under 11 years of age: NIL				Family contact with tuberculosis  Pregnant  Under 11 years of age undergone health assessment  Chest X-Ray & interaction with applicant		
Full residential address:  BINAY SARKAR ROAD KUTUBPUR PO MALDA PS ENGLISH BAZAR  MALDA 732101						
Address in the UK:	dress in the UK:  COVENTRY BUILDING SOCIETY OAKFIELD HOUSE BINLEY BUSINESS PARK HARRY WATSON ROAD COVENTRY UK			Referral letter given to applicant		
will result in a delay to yo	our journey as you <u>may</u> for their records. If your	be required to undergo the to	ests again. Upon arrival	in the UK you should	ne Immigration Officer on arrival. Failure to do so register with a General Practitioner (GP) and supply by of the chest x-ray and x-ray interpretation and	
SP Health Professional Name: Dr Sa		antanuChatterjee		pplicant's Signature:	Bibalkar Davon	
SP Health Professional Signature:		Adday	Da	te:	25-02-2022	
Date:	1 25-0	2/2022	+ Vis	a Category:	TIER - 2 →	
The information contained wi	thin this document provide	los information in access				

The information contained within this document provides information in connection with your application for a United Kingdom visa ONLY and does not constitute a diagnosis or assurance of health for any other purpose. The issue of the certificate does not mean that your application for a visa will be successful.