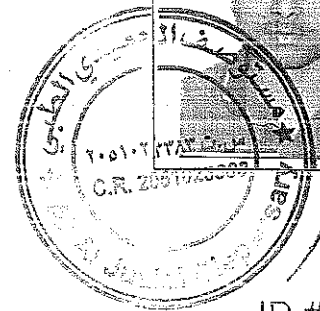




**MEDICAL FITNESS CERTIFICATE**



ID #

To: Examining Physician

Ajay Kumar Ray

Is a CONTRACTOR employee. He must submit this certificate signed by a licenses Physician.

Report: otue

Chest X-Ray

Date of X-Ray 9-2-2017

Chest X-Ray interpretation:

NAD

Blood Pressure

Systolic

120

Normal

Diastolic

80

Stool Analysis(Ova and Parasites)

Test result

NAD

Routine Urine

Test result

NAD

Remarks (if any)

Fit to work

Complete Physical Examination

My Examination of this man (does/does not) reveal any infections, chronic disease, physical handicaps or mental disorder that might interfere with his ability to perform his job.

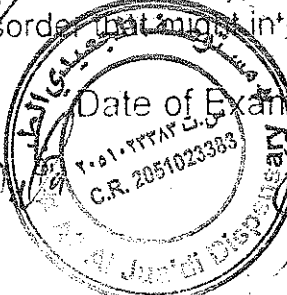
Name of Physician

Date of Examination:

9-2-2017

Signature

Dr. Farid Mohd. Must

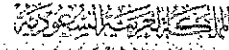


KINGDOM OF SAUDI ARABIA

MINISTRY OF INTERIOR



RESIDENT IDENTITY



أجى كومار راي

أجى كومار راي



الرقم ٣٤٢٧٤٤١٣١٢ نسخة ١

مكان الاصدار الخدمات الالكترونية

الاصدار ١٤٣٨/٠٤/١٢ ميلاد ١٩٩٢/٠٧/٢٠

الجنسية الهند

الجنسية الهند

صاحب العمل مؤسسة محمد صالح المنجد التجارية



2427441312

[illegible]