



MEDICAL FITNESS CERTIFICATE



To: Examining Physician

Johnny. potten purn



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

Bleeding +ve

Chest X-Ray

Date of X-Ray 9-2-2017

Chest X-Ray interpretation:

NAD

Blood Pressure

Systolic

140

Normal

Diastolic

90

Stool Analysis(Ova and Parasites)

Test result

NAD

Routine Urine

Test result

NAD

Remarks (if any)

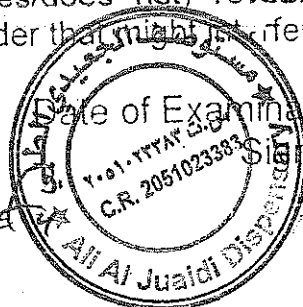
Fit to work

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

Dr. Farid Mohd. Mustafa



Date of Examination:

9-2-2017

Signature

[Signature]

KINGDOM OF SAUDI ARABIA
MINISTRY OF INTERIOR

الجمهورية العربية السورية
الوزارة الداخلية
RESIDENT IDENTITY
JOHNY PUTHENPURA ESTHAPPANU



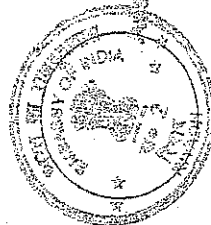
جونى بوتين بورا استابانو
الرقم ٢٢٦٠٥٦٧٤١٣ نسخة ١٠
مكار الاصل الخدمات الالكترونية
الانتهاء ١٤٤٢/٠٨/١٤ الميلاد ١٩٦٣/١١/٢٠
الجنسية الهند
الديانة المسيحية
الصفة العمل ١٢٦٠٠٨٢٤٣
صاحب العمل مفوضات ازال العربية



٧٢٦٥٤٦٧٥١٣

BY ORDER OF THE PRESIDENT,
OF THE REPUBLIC OF INDIA

प्राप्तोऽयमराज्यं नैराश्रयं नैराश्रयं नैराश्रयं



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पसपोर्ट नं./ Passport No.

IND

X9718847

JOHNNY

जन्मतिथि / Date of Birth
20/11/1963

1. **Introduction**
 2. **Background**
 3. **Methodology**
 4. **Results**
 5. **Conclusion**
 6. **References**
 7. **Appendix**
 8. **Index**
 9. **Table of Contents**
 10. **Figure**
 11. **Table**
 12. **Figure**
 13. **Table**
 14. **Figure**
 15. **Table**
 16. **Figure**
 17. **Table**
 18. **Figure**
 19. **Table**
 20. **Figure**
 21. **Table**
 22. **Figure**
 23. **Table**
 24. **Figure**
 25. **Table**
 26. **Figure**
 27. **Table**
 28. **Figure**
 29. **Table**
 30. **Figure**
 31. **Table**
 32. **Figure**
 33. **Table**
 34. **Figure**
 35. **Table**
 36. **Figure**
 37. **Table**
 38. **Figure**
 39. **Table**
 40. **Figure**
 41. **Table**
 42. **Figure**
 43. **Table**
 44. **Figure**
 45. **Table**
 46. **Figure**
 47. **Table**
 48. **Figure**
 49. **Table**
 50. **Figure**
 51. **Table**
 52. **Figure**
 53. **Table**
 54. **Figure**
 55. **Table**
 56. **Figure**
 57. **Table**
 58. **Figure**
 59. **Table**
 60. **Figure**
 61. **Table**
 62. **Figure**
 63. **Table**
 64. **Figure**
 65. **Table**
 66. **Figure**
 67. **Table**
 68. **Figure**
 69. **Table**
 70. **Figure**
 71. **Table**
 72. **Figure**
 73. **Table**
 74. **Figure**
 75. **Table**
 76. **Figure**
 77. **Table**
 78. **Figure**
 79. **Table**
 80. **Figure**
 81. **Table**
 82. **Figure**
 83. **Table**
 84. **Figure**
 85. **Table**
 86. **Figure**
 87. **Table**
 88. **Figure**
 89. **Table**
 90. **Figure**
 91. **Table**
 92. **Figure**
 93. **Table**
 94. **Figure**
 95. **Table**
 96. **Figure**
 97. **Table**
 98. **Figure**
 99. **Table**
 100. **Figure**
 101. **Table**
 102. **Figure**
 103. **Table**
 104. **Figure**
 105. **Table**
 106. **Figure**
 107. **Table**
 108. **Figure**
 109. **Table**
 110. **Figure**
 111. **Table**
 112. **Figure**
 113. **Table**
 114. **Figure**
 115. **Table**
 116. **Figure**
 117. **Table**
 118. **Figure**
 119. **Table**
 120. **Figure**
 121. **Table**
 122. **Figure**
 123. **Table**
 124. **Figure**
 125. **Table**
 126. **Figure**
 127. **Table**
 128. **Figure**
 129. **Table**
 130. **Figure**
 131. **Table**
 132. **Figure**
 133. **Table**
 134. **Figure**
 135. **Table**
 136. **Figure**
 137. **Table**
 138. **Figure**
 139. **Table**
 140. **Figure**
 141. **Table**
 142. **Figure**
 143. **Table**
 144. **Figure**
 145. **Table**
 146. **Figure**
 147. **Table**
 148. **Figure**
 149. **Table**
 150. **Figure**
 151. **Table**
 152. **Figure**
 153. **Table**
 154. **Figure**
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 156. **Figure**
 157. **Table**
 158. **Figure**
 159. **Table**
 160. **Figure**
 161. **Table**
 162. **Figure**
 163. **Table**
 164. **Figure**
 165. **Table**
 166. **Figure**
 167. **Table**
 168. **Figure**
 169. **Table**
 170. **Figure**
 171. **Table**
 172. **Figure**
 173. **Table**
 174. **Figure**
 175. **Table**
 176. **Figure**
 177. **Table**
 178. **Figure**
 179. **Table**
 180. **Figure**
 181. **Table**
 182. **Figure**
 183. **Table**
 184. **Figure**
 185. **Table**
 186. **Figure**
 187. **Table**
 188. **Figure**
 189. **Table**
 190. **Figure**
 191. **Table**
 192. **Figure**
 193. **Table**
 194. **Figure**
 195. **Table**
 196. **Figure**
 197. **Table**
 198. **Figure**
 199. **Table**
 200. **Figure**
 201. **Table**
 202. **Figure**
 203. **Table**
 204. **Figure**
 205. **Table**
 206. **Figure**
 207. **Table**
 208. **Figure**
 209. **Table**
 210. **Figure**
 211. **Table**
 212. **Figure**
 213. **Table**
 214. **Figure**
 215. **Table**
 216. **Figure**
 217. **Table**
 218. **Figure**
 219. **Table**
 220. **Figure**
 221. **Table**
 222. **Figure**
 223. **Table**
 224. **Figure**
 225. **Table**
 226. **Figure**
 227. **Table**
 228. **Figure**
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 230. **Figure**
 231. **Table**
 232. **Figure**
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 234. **Figure**
 235. **Table**
 236. **Figure**
 237. **Table**
 238. **Figure**
 239. **Table**
 240. **Figure**
 241. **Table**
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 243. **Table**
 244. **Figure**
 245. **Table**
 246. **Figure**
 247. **Table**
 248. **Figure**
 249. **Table**
 250. **Figure**
 251. **Table**
 252. **Figure**
 253. **Table**
 254. **Figure**
 255. **Table**
 256. **Figure**
 257. **Table**
 258. **Figure**
 259. **Table**
 260. **Figure**
 261. **Table**
 262. **Figure**
 263

POTHIYAKKARA KERALA

RIYADH

जगजिह्व यो सिद्धि / अर्थ अं विदुषु

18/08/2013

17/08/2023

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