



PAPRASTHA LO HOSPITAL RITALINAR EW DELHI 110076	UK Pre-Departure Tuberculosis Dete Med	ection Programme lical Certificate	100000000000000000000000000000000000000	Visas nmigration
Certificate No:	IND/2024/004251	l:	ssue Date:	03-07-2024
SP ID No:		E	Expiry Date:	03-01-2025
City/Town:	DELHI	(Country:	INDIA
Given name(s) (as shown in passport): ABDUL MANNAM	v.		Spi	utum Test: Not Done Negative
Family name (as shown in passport):		Che	est X-Ray: Not Done Normal Abnormal	
Gender: Male Female	Date of Birth: (DD/MM/YYYY) 18/05/2006		NO	evidence of active pulmonary TB
Nationality: INDIAN	Passport No: B8048754			Family contact with tuberculosis
Number of accompanying children under 11 years of age: NIL				Pregnant
Full residential address: H. NO – 814/1 A, WEST AMBER TALAB, ROORKEE, HARIDWAR, PIN: 247667, UTTARAKHAND - INDIA				Under 11 years of age undergone health assessment
Address in the UK: UNIVERSITY OF CENTRAL LANCASHIRE - UNITED KINGDOM				Chest X-Ray & interaction with applicant
				Referral letter given to applicant
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IMPORTANT: You must carry this certificate with you, in your hand luggage, when you travel to the UK and present it to the Immigration Officer on arrival. Failure to do so will result in a delay to your journey as you may be required to undergo the tests again. Upon arrival in the UK, you should register with a General Practitioner (GP) and supply a copy of this certificate for their records. If your chest X-ray shows abnormality requiring follow-up, we will also give a copy of the chest x-ray and x-ray interpretation and this should also be supplied.				

SP Health Professional Name:

DR. ALOK AGRAWAL

Applicant's Signature

Date: 03-07-2024

Dr. Alok Agrawal

MD., M.R.C.P. (U.K.)

Senior Consultant Internal Medicine
Senior C