

1857

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
MIR, FAHUD, QARNALAM, BHAJA, SAHRIWAL, MARVUL

INITIAL EXAMINATION REPORT

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I declare these statements to be true to the best of my knowledge and belief and I agree that the result of this medical in general terms may be revealed to the company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.																																																																																																																																																																																												
Date 03-09-19	Signature of applicant S. Rahul																																																																																																																																																																																											

