TITLE: PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE Isse No CONFIDENTIAL FORM CONFIDENTIAL FORM SURNAME GIVEN NAME(S) GIBDUL DATE OF BIRTH SEX MONTH 04 DAY 12 YEAR 1969 CITY CHAITOSRAM COUNTRY BOESH OMALE MAILING ADDRESS OF APPLICANT: MAILING COLSPAN (MIL NETON) <th< th=""><th></th><th>T</th><th></th><th></th><th>-</th><th></th></th<>		T			-		
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10. Agrabad Dia certificate is in compliance with the requirements		M.B.B.S; P.G.T	(Medici ne)			21112	
of the Adodioal/Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)	-	M.B.B.S; P.G.T Taher Chi 10. Agrabad Dia	(Medicine) amber ,c crhifitat rainign com	pliance with the requirements	STOW LOAN	22	

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