

INTERNATIONAL CERTIFICATE OF INOCULATION AND VACCINATION

*In accordance with the International Sanitary
Convention for Aerial Navigation, 1944*

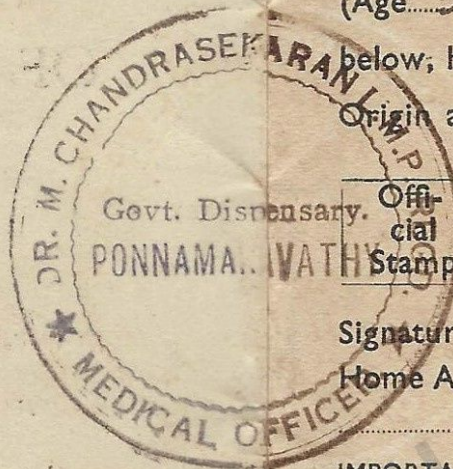


THESE CERTIFICATES COMPLETED AS REQUIRED
MUST BE HELD AVAILABLE AND SHOULD BE
ATTACHED TO THE HOLDER'S PASSPORT

AIR-INDIA
International

INTERNATIONAL CERTIFICATE

AND
VACCINATION



IMPORTANT

All the required certificates must be obtained from a Government Medical Institution, or a Municipal Health Office bearing the Stamp of the office of issue. Certificates issued by private medical practitioners are not valid unless these are counterstamped by Government or Municipal Health Authorities.

International Certificate of Vaccination Against Smallpox

THIS IS TO CERTIFY THAT K. Seekalingam Pillai

(Age 32y Sex Male) whose signature appears

below, has this day been vaccinated by me against smallpox.

Origin and Batch No. of Vaccine King Institute of Gdly Hlth

Signature of Vaccinator M. Chandrasekaran

Official Position 28/6/53

Place Ponnammal Vathiyas

Signature of Person Vaccinated K. Seekalingam Pillai

Home Address Seender Ramana Pt

IMPORTANT : In the case of primary vaccination the person vaccinated should be warned to report to a medical practitioner between the 8th and 14th day, in order that the result of the vaccination may be recorded on this certificate. In the case of revaccination the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.

THIS IS TO CERTIFY that the above vaccination was inspected by me on the date (s) and with the result (s) shown hereunder :

Date of Inspection 29-6-53 Results Reaction of Immunity

Signature of Doctor M. Chandrasekaran

Official Position CIVIL ASSISTANT SURGEON

Place Ponnammal Vathiyas Date 29-6-53

Use one of the following terms in stating the result viz :— 'Reaction of Immunity', 'Accelerated Reaction (Vaccinoid)', 'Typical primary vaccinia.' A Certificate of 'No Reaction' will not be accepted.

Signature of Person Vaccinated K. Seekalingam Pillai

This certificate is not valid before 14 days and after 3 years from date of vaccination.

No. 15(E 1867)/53-54

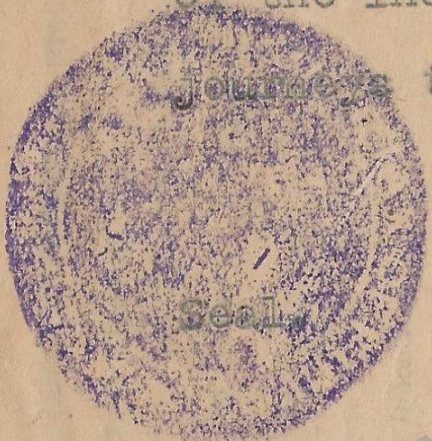
FORM E

EXEMPTION CERTIFICATE UNDER PROVISIO TO SECTION 46A(1)
OR THE INDIAN INCOMETAX ACT 1922, (XI of 1922)

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This is to certify that Sri. ~~Smt.~~ *K.M. S. Sochalunigom Chettai* of

Servant who intends to travel abroad is
exempted from producing a Clearance Certificate under Section 46A(1)
of the Indian Incometax Act 1922 (XI of 1922) in respect of the journey/
journeys to commence after *17*-6-1953 and before *17.6.53*



Shubman
INCOMETAX OFFICER
(Foreign Section)
KARAIKUDI.

17.6.53

Int

THIS IS TO CERTIFY
signature appear
Origin and Batch
Signature of Inoculator
Official position
Signature of person

This certificate is valid
(a) unless the vaccine is used
(b) until 10 days
within 4 years.
(c) for more than 4 years

Official Stamp
Inoculating Certificate

Inter

THIS IS TO CERTIFY
(Age)
the result of an
protection test.
Date of bleeding
Name of laboratory
Location of Laboratory
Date of Test
Signature of Laboratory Officer

Official Stamp
of Laboratory.

This certificate is valid
(a) unless the Laboratory is
by WHO.
(b) for more than 4 years

International Certificate of Inoculation Against Typhus Fever

THIS IS TO CERTIFY THAT
 (Age Sex) whose signature appears below was on the dates indicated inoculated against Typhus Fever. (3 injections initially thereafter 1 c.c. annually if required).

MATERIAL			INOCULATING OFFICER	
DATE	ORIGIN	BATCH No. AND TYPE	SIGNATURE	OFFICIAL TITLE

Signature of person inoculated

Official Stamp of
Inoculating Officer

Home Address

Date

This certificate is not valid for more than twelve months from date of inoculation.

International Certificate of Inoculation Against Cholera

THIS IS TO CERTIFY THAT K. Sothalingam Chetty
 (Age 32 Sex Male) whose signature appears below was on the dates indicated inoculated against Cholera. (2 injections).

MATERIAL			INOCULATING OFFICER	
DATE	ORIGIN	BATCH No. AND TYPE	SIGNATURE	OFFICIAL TITLE
34-6-53	King's College Medicine	L 00 3 9 Anti-cholera	<u>M. Chandrasekharan</u>	
2-7-53	King's College Medicine	L 00 3 9 Anti-cholera 1cc		

Signature of person inoculated K. Sothalingam Chetty

Official Stamp of
Govt. Dispensary,
Inoculating Officer

CIVIL ASSISTANT SURGEON

Home Address Servar - Ramnath Dt

Date 2-7-53

The validity of this certificate extends from 7 days to 6 months from date of inoculation. The inoculation should be in two doses taken at an interval of one week.

International Certificate of Inoculation Against Typhoid and Paratyphoid Fevers

THIS IS TO CERTIFY THAT.

(Age _____ Sex _____) whose signature appears below was on the dates indicated inoculated against Typhoid and Paratyphoid Fevers. (2 injections initially thereafter 1 c.c. annually if required).

MATERIAL				INOCULATING OFFICER	
DATE	ORIGIN	BATCH No. AND TYPE	DOSE	SIGNATURE	OFFICIAL TITLE

Signature of person inoculated

Official Stamp of
Inoculating Officer

Home Address

Date _____

This certificate is not valid for more than twelve months from date of inoculation.

Certificate of Other Inoculations

[illegible]

Certificate of Other Inoculations

[illegible]