Sr. No. ST. GOVERNMENT OF PAKISTAN INTERNATIONAL CERTIFICATE FOR POLIO VACCINATION
Part (a) (To be filled by the applicant)* Name of the traveler MUHAMMAD ARMS Abbas D.o.B 7818 Sex Nationality PAR NIC/Passport No UT 1818
Part(b) To be filled by the Government authorized Physician only* This is to certify that the above named has been vaccinated against Polio in accordance with the International Health Regulations(2005)* Date of Issuance:
Name and Designation: Signature and Official Stamp: * THIS CARD IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE