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IDENTIFICATION  
CERTIFICATE

This identification certificate is the property  
of the holder and is valid only when  
presented by the person whose name it  
bears.

Minister of Labour and Social Security  
Director of Charge

DEFERRED  
SECOND CONTRACT

Month	Amount Rs		Signature of Employer
	Earned	Deferred	
B/f			
G/TOTAL			







Wife's Name .....

Village .....

Chief .....

District .....

\_\_\_\_\_

Wife's Name .....

Village .....

Chief .....

District .....

\_\_\_\_\_

Wife's Name .....

Village .....

Chief .....

District .....

\_\_\_\_\_

International Certificate of Vaccination or Revaccination against SMALLPOX

THIS IS TO CERTIFY THAT:—

.....

Date of Birth ..... Sex .....  
has on the date indicated been vaccinated or  
revaccinated against SMALLPOX.

Date .....

.....  
*Signature and Professional Status of Vaccinator*

\_\_\_\_\_

Approved  
Stamp

\_\_\_\_\_

State whether primary vaccination or revaccination:

.....

if primary, whether successful .....

The validity of this Certificate shall extend for a period of  
THREE YEARS, beginning eight days after the date of a  
successful primary vaccination or, in the event of a revaccina-  
tion, on the date of that revaccination.

The approved stamp mentioned above must be in a form  
prescribed by the Health Administration of the Territory in  
which the vaccination is performed.

Any amendment of this Certificate, or erasure or failure to  
complete any part of it, may render it invalid.



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LAB. 14222/40M/1.84



Right Thumb Print



Photograph to (be provided by the holder)

~~2576~~

~~44660~~

25253

.....  
(Signature of Holder)



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...ce before leaving  
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Official Endorsements Only

