



Applicant Registered Date:14-11-2022

MC No. : * 1 0 1 1 3 4 7 9 9 2 *
Episode No : 1
Name : NOUREDDINE ZEGGAI (Male)
Occupation : SALES MANAGER
Application : Medical Fitness for Residency (Work)
Job Type :
Mobile No. : 50854632
Visit :
Visa Number : * 3 8 2 0 2 2 4 9 6 0 6 4 *



Appointment detail

*** Applicants are requested to come one hour before ONLY ***

Location : Medical Commission Gate No. :
Appointment Date : 16-NOV-2022 Time : 04:00 PM to 05:00 PM

*** For Medical Use Only ***

ATTENTION: Please keep the receipt for follow-up/future MC visit

ملاحظة: الرجاء الاحتفاظ بالإيصال للمتابعة والمراجعة المستقبلية

Registration

Comments _____

Blood

Comments _____

X-Ray

Comments _____

Clinical Examinations / Others

Comments _____

Payment

Total Fee : 100 Receipt No. : 231817073248

NOTE:- Documents Required at Medical Commission Counter for Health Certificate / Temporary Certificate Application Type

- **Health Certificate:** I) Establishment ID. II) Copy of QID (Applicant).
► **Temporary Certificate:** I) Establishment ID. II) Copy of VISA (Applicant).



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