



ANNEX

مستندات إضافية

Safa Makkah PolyClinic 2 - Riyadh

(Doctor's Name, Surname or Name of Hospital / Medical Center)

Riyadh Batha

(Address)

Ar Riyad S.A.

(City)

+966-50-90-97058

(Phone)

+966-114768425

(Fax)

smpmed@gmail.com

(Email)

Medical Certificate For Long Stay D Visa Greece

The undersigned Doctor in medicine Dr. GP / Ahammad Raaz AL-Jawara

Certifies that He / She
has examined this day

Ahmed Babu

(name)

Ali

(surname)

Date of Birth

01-01-1979

(DOB)

Hyderabad, Dakhan

(Place of Birth)

Number of Travel
Documents

PL01254523

(Document No.)

Indian

(Nationality)

Home Address



The undersigned Doctor in medicine Dr. Ahammad Raaz AL-Jawara

Certifies that He / She has found him / her in has examined this day and based on the examination and results of laboratory tests, accordance with the provisions of Article 6, paragraph 3 and Article 6 of the Law 3386/2005 concerning residence in Greece (22.09.2025) Free of any of the following illnesses which might endanger public health or threaten public policy or public security :

Quarantine disease: Diseases subject to quarantine (listed in International Health Regulation No 2 of the World Health Organization), namely : Tuberculosis of the respiratory system in an active state or showing a tendency to relapse Syphilis Other infectious diseases or contagious parasitic diseases if they are the subject of provisions for the protection of nationals of the host country) .

Narcotic addiction and abuse: (High threaten public policy or public security) Drug addiction.

Serious mental disturbance: manifest conditions of psychotic disturbance with agitation, delirium, hallucinations or confusion.

22-09-2025

Date of Issue



Doctor / Hospital Stamp