UNITED STATES OF AMERICA

Department of Transportation

Federal Aviation Administration

## **MEDICAL CERTIFICATE FIRST CLASS**

This certifies that (Full name and address):

SOMENDER SOPERNA

113 First Floor Woodstock Nirvana Country Sector 50 Gurgaon 122018 India

Date of Birth	Height	Weight	Hair	Eyes	Sex
09/14/1969	68	185	GRAY	BLACK	М

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Valid for 6 months following the month examined. Must use corrective lens(es) to meet vision standards at all required distances.

	mination	Examiner's Designation No.		
01/19/20:	1 8 8 8 1	r Patric   000000773		
Signa	ture	ne Aéronautique		
	. 0=	-MED-004		
Typed Patrid	Name DO	3AC N°3857 - FAA-00773		
Patri	Patrick Correa, MD			

Applicant ID: 2002177539

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN: 0052-00-670-7002

NSN: 0052-00-670-7002 (Cut on dashed line)

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days.
   (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification.

(14CFR § 67.401)

Fold Here

 Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

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Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

Control No.: 200010892957

SOMENDER SOPERNA 113 First Floor Woodstock Nirvana Country Sector 50 Gurgaon 122018 India

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

a. A

This certificate must be in your possession at all times while exercising your pilot privileges.

Created on Friday, January 19, 2024

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Date of Examination 07/08/2023		Examiner's Designation No. 070946333	
niner	Signature		
Examiner	Typed Name Sanjeev Sood , MD		

Control No.: 200010610913 FAA Form 6500-9 (3-12) Supersedes Previous Edition

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Applicant ID: 2002177539

**Aviation Safety** Office of Aerospace Medicine Aerospace Medical Certification Division, AAM-300 P.O. Box 25082 Oklahoma City, OK 73125-9867

SOMENDER SOPERNA 113 First Floor Woodstock Nirvana Country Sector 50 Gurgaon 122018 India

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