



OMKAR ACCIDENT HOSPITAL
 Near Nanekarwadi, Pune-Nashik Highway, Talegaon Chowk,
 Chakan, Pune-410501
 Email: omkarhospital2000@gmail.com

Dr. Sonali Sabale
 (MBBS DCP AFHH)

Candidate Name **Mr. Gauraksh Dafe** Age / Gender **21** Yrs
 Male/Female

TO BE FILLED BY CANDIDATE (उमेदवाराने भरावयाची माहिती)
 PAST / PRESENT ILLNESS WRITE (शेव किंवा मागील तिवारके)

ASTHAMA (दमा)	<input checked="" type="checkbox"/>	T.B. (क्षयरोग)	<input checked="" type="checkbox"/>
EPILEPSY (फिट्च)	<input type="checkbox"/>	FRACTURE (अस्थिभंग)	<input type="checkbox"/>
POLIO (पोलीओ)	<input type="checkbox"/>	DUMBER (दुर्बल बलित)	<input type="checkbox"/>
HEART DISEASE (हृदय रोग)	<input type="checkbox"/>	MAJOR ILLNESS	<input type="checkbox"/>
MAJOR INJURY (महत्त्व नशय)	<input type="checkbox"/>	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/>
MAJOR OPERATION (महत्त्व क्रिया)	<input type="checkbox"/>	DEAF/HEARING PROBLEM (शुण बलित)	<input type="checkbox"/>
LOSS DECREASED VISION (दृष्टी रोग)	<input checked="" type="checkbox"/>	ANY ILLNESS SINCE BIRTH (जन्मापासूनच आजार)	<input checked="" type="checkbox"/>
IDENTIFICATION MARK (संज्ञ चूण)	<input type="checkbox"/>		

BI group **B - Negative**

Aadhar Card No- **3887 7258 7187**

SIGNATURE OF CONTRACTOR & STAMP
TO BE FILLED BY DOCTOR

SIGNATURE OF CANDIDATE

Height **170** Cms
 Weight **73.00** Kgs BMI **25.03**
 SpO2 **98%** Temp **96.5** r
 Pulse **82**/Min B P / D S / mm of Hg **120/80/62**

CLINICAL EXAMINATION
 Exam of: Palpor / Oculena / LN / Parthy / Tactus / Cyanosis / Clubbing
 Systemic Examination : **NBD**

RS :
 CVS :
 CNS :
 P/A :
 Musculoskeletal :

VISION			
WITH GLASSES / WITHOUT GLASSES			
Test done	Right Eye	Left Eye	
DISTANT VISION	6/6	6/6	
NEAR VISION	N/6	N/6	
COLOR VISION	NAD	NAD	
SQUINT	Absent	Absent	

FIT / UNFIT FOR EMPLOYMENT

Date **11/10/2022**
 SIGNATURE & STAMP OF CERTIFYING SURGEON
 (प्रमाणित करणारा शस्त्रकाराचे स्थान)

डॉ. सोनली साबले यांचे MBBS, D.C.P.A.F.H.H.
 संपर्क: डॉ. साबले यांचे 98222 22222
 यांचे निवास स्थान: 11/10/2022
 यांचे निवास स्थान: 11/10/2022



OMKAR ACCIDENT HOSPITAL

Near Nanekarwadi, Pune-Nashik Highway, Talegaon Chowk,
Chakan, Pune-410501

Email- omkarhospital2000@gmail.com

Dr. Sonali Sabale
(MBBS DCP AFH)

Candidate Name Mr. Tanhgji Gajare
Male/Female

Age/Gender 34 Yrs

TO BE FILLED BY CANDIDATE. (उमेदवाराने भरवयाची माहिती)

PAST / PRESENT ILLNESS WRITE (होय किंवा नाही लिहावे)

ASTHAMA (दम)	<input checked="" type="checkbox"/>	T.B. (शक्कर)	<input checked="" type="checkbox"/>	Photo
EPILEPSY (व्हिदस)	<input checked="" type="checkbox"/>	FRACTURE (भस्मिग)	<input checked="" type="checkbox"/>	
POLIO (पोलीओ)	<input checked="" type="checkbox"/>	DUMB (मुक बधिर)	<input checked="" type="checkbox"/>	
HEART DISEASE (हृदय रोग)	<input checked="" type="checkbox"/>	MAJOR ILLNESS	<input checked="" type="checkbox"/>	
MAJOR INJURY (मोठ्या जखम)	<input checked="" type="checkbox"/>	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input checked="" type="checkbox"/>	
MAJOR OPERATION (शस्त्रक्रिया)	<input checked="" type="checkbox"/>	DEAF/HEARING PROBLEM (मुक बधिर)	<input checked="" type="checkbox"/>	
LOSS/DECREASED VISION (दृष्टी दोष)	<input checked="" type="checkbox"/>	ANY ILLNESS SINCE BIRTH (जन्मापासूनचे आजार)	<input checked="" type="checkbox"/>	Bi group <u>OT Positive</u>
INDENTIFICATION MARK (जन्म चुन)	<input checked="" type="checkbox"/>			

TAKING ANY REGULAR MEDICATION (IF YES, PLEASE GIVE DETAILS).....

Addictions- Tobacco Gutkha (गुटका) Smoking (धूमपान) Alcohol (दारू) Any other:

Aadhar Card No- 4506 9004 7080

SIGNATURE OF CONTRACTOR & STAMP

TO BE FILLED BY DOCTOR

SIGNATURE OF CANDIDATE

Height 182 Cms

Weight 70.50 Kgs BMI 21.2

Spo2 97 % Temp 36.1 °C

Pulse 74 /Min BP 127/87 mm of Hg

CLINICAL EXAMINATION / LN-Pathy

Exam of: Pallor / Oedema

Systemic Examination :

RS : NAD

CVS : NAD

CNS : NAD

P/A : NAD

Musculoskeletal :

VISION

W/HH-GLASSES (WITHOUT GLASSES)

Test done	Right Eye	Left Eye
DISTANT VISION	<u>6/6</u>	<u>6/6</u>
NEAR VISION	<u>N/6</u>	<u>N/6</u>
COLOUR VISION	<u>NAD</u>	<u>NAD</u>
SQUINT	<u>Absent</u>	<u>Absent</u>

Icterus / Cyanosis / Clubbing

FIT / UNFIT FOR EMPLOYMENT

डॉ. सोनली साबले साबळे MBBS D.C.P.A.F.H.

संस्थान: अहमदनगर १९४८ या इलाका (१) प्रमाणे

पुणे दिनांक १०/१०/२०१९

पं. क्र. २०१९/२०१९/२०१९

पं. क्र. २०१९/२०१९/२०१९

पं. क्र. २०१९/२०१९/२०१९

SIGNATURE & STAMP OF CERTIFYING SURGEON

(प्रमाणित करणारा शिवाय)

Date 11/10/2022