

**MEDICAL CHECK-UP FOR CONTRACTOR
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- 25/6/22	Name:- Gajanan Jadhav	Date of birth (जन्म तारीख) AGE: 39 YEARS	Contractor Name Saraswati Dynamic P.A. Ltd.
I care health solutions, shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwad :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar, C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445

TO BE FILLED IN BY THE CANDIDATE (उम्मेदवाराने भरण्याची माहिती)

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार)	WRITE YES OR NO (होय किंवा नाही लिहावे)
ASTHAMA (दुखा)	<input type="checkbox"/> NO <input type="checkbox"/> YES
T.B (तब)	<input type="checkbox"/> NO <input type="checkbox"/> YES
EPILEPSY (फिट)	<input type="checkbox"/> NO <input type="checkbox"/> YES
FRACTURE (असोपंग)	<input type="checkbox"/> NO <input type="checkbox"/> YES
POLIO (पोलीओ)	<input type="checkbox"/> NO <input type="checkbox"/> YES
DUMB (मुक बधिर)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Any illness since birth (जन्मापासुनचे आजार)	<input type="checkbox"/> NO <input type="checkbox"/> YES
HEART DISEASE (हृदय रोग)	<input type="checkbox"/> NO <input type="checkbox"/> YES
MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/> NO <input type="checkbox"/> YES
PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/> NO <input type="checkbox"/> YES
OPERATION (शल्यक्रिया)	<input type="checkbox"/> NO <input type="checkbox"/> YES
DEAF/ DECREASED HEARING (कर्ण बधीर)	<input type="checkbox"/> NO <input type="checkbox"/> YES
LOSS OF VISION/DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/> NO <input type="checkbox"/> YES
IDENTIFICATION MARK (जन्म चूण)	<input type="checkbox"/> NO <input type="checkbox"/> YES



Taking regular medication for illness **No any med**
If yes, please give details:

Gajanan Jadhav
Signature of candidate

Height 168 Cms	CLINICAL EXAMINATION
Weight 84 Kgs	
BMI: 28.6	
Waist/hip ratio: 0.90	
VISION	
Without Glasses	D.V 6/ 8 6/ 6
	N.V N 6 N 6
With Glasses	D.V 6/ 6
	N.V N N
Power of Glasses / Contact Lenses	
SQUINT:- PRESENT	ABSENT
IDENTIFICATION OF INDIVIDUAL COLOURS :-	
NORMAL	DEFECTIVE
ISHIHARA CHART :-	
NORMAL	DEFECTIVE
FIT FOR EMPLOYMENT	UNFIT

Build : Overweight	NAILS: (u)
PULSE : 86	
BP : 140/90	mm Hg
CVS : (u)	
RS : (u)	
PA : (u)	
MUSCULO SKELETAL :	(u)
SKIN : (u)	
GENITO-URINARY :	(u)
ANY OTHER: (u)	

डॉ. आशीष जी. गुजराथी
MBBS, D.Ortho., AFM
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FITNESS SLIP (To Be Issued By TML doctors)
FIT / UNFIT

Signature & Stamp of TML Doctor