

+ BALAJI CLINIC +

Dr. Shital Surkar (Ex. Medical Officer)

Mobile No. 7249562649

Samruddhi Apt., IInd Floor, Gangasagar Nagar, Carbon Naka, Satpur, Nashik

BOCW Industrial Act

FORM XXVII

(See rule 250 (C))

Certificate of Medical Examination

- Certificate Serial No. : _____
Date : 23/3/23
- Name : Mangesh Son/Daughter of Khanderao Nirgude
Identification Mark : 1. Right hand middle finger
2. Stitches
- Father's Name : Khanderao Nirgure
- Sex : male
- Residence : Umbarhed, Nashik
- Date of Birth, if available : 20/4/1992
And / or certificate : 3140
- Physical Fitness : Fitness is Good

I hereby certify that I have personally examined (name) Mangesh Khanderao Nirgude Son/ being employ in building and construction work and that his/her age as nearly as can be ascertained from my examination is 31yrs year and the he / she is fit for employment in construction work as an adult/adolescent.

- Reason for :
 - Refusal of Certificate

- Certificate being revoked

Dr. Shital Surkar

Ex. Medical Officer

M.D. (A) Medicine

Industrial Health Physician

Reg. No. I-32629-A-1

Covid-19 Certified

ii
Signature / Left Hand Thumb
Impression if building worker

Signature with Seal
Medical Inspector/CMO

Note:

- Exact Details of cause of Physical disability should be clearly stated.
- Functional / Productive abilities should also be stated if disability is stated.

BOCW Industrial Act

FORM XXVII

(See rule 250 (C))

Certificate of Medical Examination

1. Certificate Serial No. : _____
Date : 01/12/2022
2. Name : Ajay Son/Daughter of Sanjay Borse
Identification Mark : 1. Tattoo mark on right
2. hand.
3. Father's Name : Sanjay Borse
4. Sex : male
5. Residence : N-32-B 4-2-6 CIDCO,
Nashik.
6. Date of Birth, if available : 1992
And / or certificate : 30yr
7. Physical Fitness : fitness is Good

I hereby certify that I have personally examined (name) Ajay Sanjay Borse Son/ being employ in building and construction work and that his/her age as nearly as can be ascertained from my examination is 30yr. year and the he / she is fit for employment in construction work as an adult/adolescent.

8. Reason for :
1. Refusal of Certificate

2. Certificate being revoked

[Signature]
Signature / Left Hand Thumb
Impression if building worker

[Signature]
Dr. Shital Surkar
Ex. Medical Officer
M.D. (Alt. Medicine)
Industrial Health Physician
Reg. No. 1-32829-A-1
Covid-19 Certified
Signature with Seal
Medical Inspector/CMO

Note:

1. Exact Details of cause of Physical disability should be clearly stated.
2. Functional / Productive abilities should also be stated if disability is stated.

BOCW Industrial Act

FORM XXVII

(See rule 250 (C))

Certificate of Medical Examination

1. Certificate Serial No. : _____
Date : 6/12/2022
2. Name : Premraj ✓ Son/Daughter of Dilip Patil
Identification Mark : 1. Tattoo mark on both hand
2. bicep region
3. Father's Name : Dilip Patil
4. Sex : male
5. Residence : Uday Nagar, cidco,
Nashik.
6. Date of Birth, if available : 26/11/1989
And / or certificate : 3342
7. Physical Fitness : Fitness is Good

I hereby certify that I have personally examined (name) Premraj Dilip Patil ✓ Son/ being employ in building and construction work and that his/her age as nearly as can be ascertained from my examination is 33 yr. ✓ year and the he/ she is fit for employment in construction work as an adult/adolescent.

8. Reason for :
1. Refusal of Certificate

 2. Certificate being revoked

Patil
Signature / Left Hand Thumb
Impression if building worker

Dr. Shital Surkar
Ex. Medical Officer
M.D. (All. Medicine)
Industrial Health Physician
Reg. No. I-32629-A-1
Covid-19 Certified
Signature with Seal
Medical Inspector/CMO

Note:

1. Exact Details of cause of Physical disability should be clearly stated.
2. Functional / Productive abilities should also be stated if disability is stated.