

# I CARE HEALTH SOLUTIONS

SHOP NO 12, MORYA BUSINESS COMPLEX, BEHIND HP PETROL PUMP, THERMAX CHOWK, CHINCHWAD-411019  
Contact : 7387783239

## MEDICAL HEALTH CHECK-UP PROFORMA

### PERSONAL INFORMATION

NAME: Kokate Amar Shriantao DATE: 14 Dec 2023  
AGE: 26 SEX: male  
CONTACT: 90 969 89609 COMPANY NAME: Endurance Technologies  
DESIGNATION/POST: -

### CURRENT AND PAST MEDICAL HISTORY : to BE Filled by candidate (Tick appropriate) YES /NO

POLIO	YES ( )	NO (✓)	SURGERY	YES ( )	NO (✓)	PSYCHIATRIC ILLNESS	YES ( )	NO (✓)
ASTHAMA	YES ( )	NO (✓)	ALLERGIES	YES ( )	NO (✓)	HYPERTENSION (BP)	YES ( )	NO (✓)
T.B	YES ( )	NO (✓)	HEART DISEASE	YES ( )	NO (✓)	DIABETES (SUGAR)	YES ( )	NO (✓)
EPILEPSY	YES ( )	NO (✓)						

IF YES THEN DETAILS

NO

### OFFICIAL USE ONLY:

#### GENERAL EXAMINATION

HEIGHT: 170 CM  
WEIGHT: 85.1 KG  
PULSE: 87 /MIN  
BP: 121/81 MMHG  
LYMPH NODES: NO  
HERNIA: YES ( ) NO (✓)  
PHYMOSIS: YES ( ) NO (✓)  
ANY OTHER: NO

EAR: RT: (N) LT: (N)  
NOSE: NORMAL ( ) ABNORMAL ( )  
THROAT: NORMAL ( ) ABNORMAL ( )  
TEETH: NORMAL ( ) ABNORMAL ( )  
NAILS: NORMAL ( ) ABNORMAL ( )  
SKIN: NORMAL ( ) ABNORMAL ( )  
IF ANY: NO  
EYES: D.V.: RT: 6/6 LT: 6/6  
N.V.: RT: N LT: N  
WITH GLASS / WITHOUT GLASS

#### BODY PARAMETERS:

1. BMI: 29.4  
2. IDEAL WT: 70 KG  
3. HIP/WAIST RATIO: 0.8  
SQUINT: NO  
NYSTAGMUS: NO  
COLOUR BLINDNESS: NO

#### SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM: AEGC Clear  
CENTRAL NERVOUS SYSTEM: Aware & oriented  
CARDIO VASCULAR SYSTEM: SISZ  
ALIMENTARY SYSTEM: 80 PRM  
MUSCULO-SKELETAL SYSTEM: NAD

### FITNESS REMARK

I certify that I have examined Mr/Ms Kokate Amar Whose signature is given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defect which may interfere with his / her studies / work including the outdoor duties required of a professional. he / she is fit.

Signature of the Candidate :

[Signature]



[Signature]  
डा. पांडुराम वि. क्षीरसागर  
MBBS., D-ORTHO., A.I.F.H.  
स्वाक्षरी

कारखाने अधिनियम १९५८ च्या कलम १०(२) प्रमाणे  
पुणे जिल्हाकरिता कालावधी दिनांक-१९ जुलै २०२३  
वास्तु दिनांक-१९ जुलै २०२४

STAMP & SIGNATURE OF CERTIFYING SURGEON



**UNIK MEDICARE SOLUTION**

**HEAD LABORATORY**

PLOT NO:GP-115,SHOP NO:02, GROUND FLOOR, MORAYA BUSINESS CENTER, SAMBHAJI NAGAR, PUNE- 411019. MAHARASHTRA

**CONTACT US**

020- 69333733. +91 7387783239, +918796319350  
Email :unik.healthsolutions@gmail.com

**Patient Name :** MR. AMAR KOKATE

**Age / Gender :** 26 years / Male

**Referral :** jagruti

**Address :**

**Patient ID :** 100317

**Reporting Time :** Dec 14, 2023, 05:43 p.m.

**Sample ID :**



102771

Test Description	Value(s)	Reference Range	
<b>HAEMOGRAM</b>			
HEMOGLOBIN	14.7	12.5 - 18	g/dL
METHOD : CYNAMETH HEMOGLOBIN			
HEMATOCRIT	43.4	40.0 - 50.0	%
METHOD : AUTOMATED			
RBC COUNT	4.65	4.50 - 5.50	10 <sup>6</sup> /uL
METHOD : IMPEDANCE			
MCV	84.1	83.0 - 101.0	fL
MCH	31.6	27.0 - 32.0	pg
MCHC	32.3	31.5 - 34.5	g/dL
RDW-CV	12.4	11.6 - 14.0	%
METHOD : AUTOMATED			
PLATELET COUNT	273000	150000 - 450000	10 <sup>3</sup> /uL
TOTAL LEUCOCYTE COUNT	8600	4000 - 11000	10 <sup>3</sup> /uL
METHOD : IMPEDANCE			
<b>DIFFERENTIAL LEUKOCYTE COUNT, WHOLE BLOOD</b>			
NEUTROPHILS	57.3	40.0 - 80.0	%
LYMPHOCYTES	40.6	20.0 - 45	%
MONOCYTES	2.1	2.0 - 10.0	%
EOSINOPHILS	-	1.0 - 6.0	%
BASOPHILS	-	<2.0	%
<b>Morphology</b>			
RBC Morphology		Normocytic Normochromic	
WBC Morphology		Within Normal Limit	
Platelet Morphology		Adequate	
Blood Group		-	

**\*\*END OF REPORT\*\***

*Pratap Salve*

Dr. Pratap Salve  
MBBS,MD(Pathology)



UNIK MEDICARE SOLUTION

### HEAD LABORATORY

PLOT NO.GP-111,SHOP NO.08, GROUND FLOOR, MORAYA BUSINESS CENTER, SAMBHAJI NAGAR, PUNE- 411019, MAHARASHTRA

### CONTACT US

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Test Description	Value(s)	Reference Range
<b>BLOOD GLUCOSE LEVEL ( RANDOM )</b>		
Glucose Random (Plasma)	134.0	70 - 160 mg/dl
<b>Blood Group</b>		
ABO Grouping	B	
RH Grouping	Positive	
<b>Method</b>		
Slide Agglutination Test		

\*\*END OF REPORT\*\*

Dr. Pratap Salve  
MBBS,MD(Pathology)



UNIK MEDICARE SOLUTION

HEAD LABORATORY

PLOT NO:GP-115,SHOP NO:08, GROUND FLOOR, MORAYA BUSINESS CENTER, SAMBHAJI NAGAR, PUNE- 411019 MAHARASHTRA

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102771

Test Description	Value(s)	Reference Range
<b>URINE ROUTINE EXAMINATION REPORT</b>		
COLOUR	Pale Yellow	Pale yellow/Yellow
APPEARANCE	Clear	Clear
PH	6.5	5.0 - 8.0
SPECIFIC GRAVITY	1.010	1.005-1.025
GLUCOSE	Absent	Absent
PROTEIN	Absent	Absent
KETONES	Absent	Absent
BLOOD	NOT DETECTED	Absent
BILIRUBIN	NOT DETECTED	Absent
UROBILINOGEN	NORMAL	
NITRITE	NOT DETECTED	
PUS CELLS/WBCS	1-2	0-5 /HPF
EPITHELIAL CELLS	1-2	0-5 /HPF
RED BLOOD CELLS	Absent	NIL /HPF
CASTS	NOT DETECTED	
CRYSTALS	NOT DETECTED	
REMARKS	MICROSCOPIC EXAMINATION OF URINE IS PERFORMED ON CENTRIFUGED URINARY SEDIMENT.	

KINDLY CORRELATE CLINICALLY.

**Interpretation(s)**

METHOD:- DIPSTIX STRIP METHOD / MICROSCOPY

\*\*END OF REPORT\*\*

Dr. Pratap Salve  
MBBS,MD(Pathology)

## FORM 7

(Prescribed under) Rule 18 (7)

(In respect of persons employed in occupations declared to be dangerous operations under sec. 87)

Name mention in form7 list

Name not mention in form7 list

*Endurance Technologies Ltd*

*B-20, MIDC, Industrial Area Chakan, Village Nigohje Dist Pune - 410501.*

NAME OF CERTIFYING SURGEON: *Dr. Dhondiram Kshirsagar*

Sr.N	Works No.	Name of Employee	Age	Sex	Date of Employment of Present Work	Date of Leaving or Transfer to Other Work	Reason for Leaving Transfer or Discharge	Nature of Job or Occupation	Raw Material by product handled	Date of Medical Examination by Certifying Surgeon	Results of Medical Examination	If Suspended from work, state period of suspension with detailed	Certified fit to resume duty on with signature of Certifying Surgeon	If certificate of unfitness or suspension issued to worker	Signature of Certifying Surgeon
1		<i>Amar Kokate</i>	<i>26</i>	<i>M</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>		<i>N/A</i>	<i>14-12-23</i>	<i>Fit</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	

*Subd -*

**डॉ. धोंडोराम वि. क्षीरसागर**  
**MBBS., D-ORTHO. A.I.F.H.**  
 स्वाशरी

आरखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे  
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 पासून दिनांक-११ जुलै २०२५  
 प्रसिद्ध प्रमाणक तालुके दिनांक B.ACS24-DW2019