

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 01

Project: Amplus Solar

Examining doctor's name: D. Arvinth Date: 20/08/2023 Time: 10.30 AM

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Praveen Kumar	Jayaraman	08/03/1988 (34)	A mole in nose	M	Vengadamuthiam DharmaPudai TN-636905	Sr. Engineer

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- General Physique: Height & Weight: 180 CM 87 KG, BP 130/70 mm Hg Pulse Rate 95/min
- Blood Group: O<sup>+</sup> (Lab report must be attached)
- Vision: (N)
- Hearing: (N)
- Breathing: (N)
- Upper Limbs: (N)
- Lower Limbs: (N)
- Spine: (N)
- Vertigo: (N)
- Epilepsy: (N)
- General (Mental alertness and stability with good eye, hand and foot coordination): (N)

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Praveen Kumar son/daughter/wife of Jayaraman residing at Tamilnadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 34 years and that he/she is fit for employment in Skylab as an adult/adolescent.

**Reason for -**

- Refusal of certificate .....
- Certificate being revoked .....

J. Pandey  
Signature/Left hand Thumb impression of worker

[Signature]  
Signature with Seal of Medical Inspector/C.M. O  
Registration No: 141048

**Note:**

- Exact details of the cause of physical disability should be clearly stated.
- Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, M.D.**  
Reg. No: 141048  
Medcare Hospital  
Mathur, Oragadam

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 02

Project: Amplus solar

Examining doctor's name: D. Arvindh Date: 20/08/2023 Time: 10.30 am

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Alex Pandiyan	Rajagopal	13/07/1994 (29)	A mole in right side chest	M	venkatchampwam Tuticorn. TN-628 502	Senior. Technician

**Medical and occupational history**

Clinical Examination with particular reference to:

- General Physique: Height & Weight: 172 CM 88.9 KG, BP: 130/80 mm Hg Pulse Rate: 86 /min
- Blood Group: AB+ve (Lab report must be attached)
- Vision: (N)
- Hearing: (N)
- Breathing: (N)
- Upper Limbs: (N)
- Lower Limbs: (N)
- Spine: (N)
- Vertigo: (N)
- Epilepsy: (N)
- General (Mental alertness and stability with good eye, hand and foot coordination): (N)

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Alex Pandiyan son/daughter/wife of Rajagopal residing at Tamilnadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 29 years and that he/she is fit for employment in skyfri as an adult/adolescent.

Reason for -  
 1. Refusal of certificate .....  
 2. Certificate being revoked.....

Alex Pandiyan  
 Signature/Left hand Thumb  
 impression of worker

Arvindh  
 Signature with Seal of  
 Medical Inspector/C.M. O  
 Registration No: 141048

**Note:**  
 1. Exact details of the cause of physical disability should be clearly stated.  
 2. Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, M.D.,**  
 Reg. No: 141048  
 Madcare Hospital  
 Matnur, Oragadam

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 03

Project: Amplus solar

Examining doctor's name: D. Arvinth Date: 20/08/2023 Time: 10.30 AM

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
<u>Vignesh</u>	<u>Periyasamy</u>	<u>05/08/1999</u> (24)	<u>A cut scar on left hand</u>	<u>M</u>	<u>Seelanayanpatti, Salem, TN-636 006</u>	<u>Technician.</u>

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- General Physique: Height & Weight: 168 CM 42.4 KG, BP: 110/70 mm Hg Pulse Rate: 82/mm
- Blood Group: B<sup>+</sup> (Lab report must be attached)
- Vision: (N)
- Hearing: (N)
- Breathing: (N)
- Upper Limbs: (N)
- Lower Limbs: (N)
- Spine: (N)
- Vertigo: (N)
- Epilepsy: (N)
- General (Mental alertness and stability with good eye, hand and foot coordination): (N)

Any other tests which the examining doctor considers necessary.

I hereby certify that I have personally examined (name) Vignesh son/daughter/wife-of Periyasamy residing at Tamil Nadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 24 years and that he/she is fit for employment in skyfri as an adult/adolescent.

Reason for -  
1. Refusal of certificate .....  
2. Certificate being revoked.....

[Signature]  
Signature/Left hand Thumb impression of worker

[Signature]  
Signature with Seal of Medical Inspector/C.M. O Registration No: 141048

**Note:**  
1. Exact details of the cause of physical disability should be clearly stated.  
2. Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, MBBS.,**  
Reg. No: 141048  
In-charge Hospital  
Madurai, Oragadam

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 04

Project: Amplus Solar

Examining doctor's name: D. Arvinth Date: 20/08/2023 Time: 10.30am

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Vijay Kumar	Sahgam Prasad	01/02/2004 (19)	A mole on left hand	M	Kohjar, Kushubagar, UP-274 203	Associate Technician

**Medical and occupational history**

**Clinical Examination with particular reference to:**


1. General Physique: Height & Weight: 171 CM 66 KG, BP: 110/90 mm Hg Pulse Rate: 74 /min
2. Blood Group: B+ (Lab report must be attached)
3. Vision: (N)
4. Hearing: (N)
5. Breathing: (N)
6. Upper Limbs: (N)
7. Lower Limbs: (N)
8. Spine: (N)
9. Vertigo: (N)
10. Epilepsy: (N)
11. General (Mental alertness and stability with good eye, hand and foot coordination): (N)


**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Vijay Kumar son/daughter/wife of Sahgam Prasad residing at Utkal Pradesh who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 19 years and that he/she is fit for employment in Skylife as an adult/adolescent.

**Reason for -**

1. Refusal of certificate .....
2. Certificate being revoked .....

  
Signature/Left hand Thumb  
impression of worker

  
Signature with Seal of  
Medical Inspector/C.M. O  
Registration No: 141048

**Note:**

1. Exact details of the cause of physical disability should be clearly stated.
2. Functional/productive abilities should also be stated if disability is stated.

**D. D. ARVINTH, MBBS.,**  
Reg. No: 141048  
Mancare Hospital  
Matnur, Orissa

MEDICAL EXAMINATION FORM

Doc no: M/HSE/4054, Rev no-00, Issue date:21-09-20

FORM XI

Certificate Sr.no: 05

Project: Amplus Solar

Examining doctor's name: D Arvinth Date: 20/08/2023 Time: 10.30 AM

Table with 7 columns: Name, Father's Name, Date of Birth/Age, Identification Marks, Sex, Address/Residence, Occupation/Designation. Row 1: Madasamy, Intam, 17/09/1996 (27), A mole in left hand, M, Venkatarajapuram, Shoothukudi, TN-628502, Associate Technician

Medical and occupational history

Clinical Examination with particular reference to:

- 1. General Physique: Height & Weight: 170 CM 68.7 KG, BP: 110/80 mm Hg Pulse Rate: 80/min
2. Blood Group: B+ve (Lab report must be attached)
3. Vision: (N)
4. Hearing: (N)
5. Breathing: (N)
6. Upper Limbs: (N)
7. Lower Limbs: (N)
8. Spine: (N)
9. Vertigo: (N)
10. Epilepsy: (N)
11. General (Mental alertness and stability with good eye, hand and foot coordination): (N)

Any other tests which the examining doctor considers necessary.

I hereby certify that I have personally examined (name) Madasamy son/daughter/wife of Intam residing at Tamil Nadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 27 years and that he/she is fit for employment in Skyfri as an adult/adolescent.

Reason for -

- 1. Refusal of certificate
2. Certificate being revoked

Signature/Left hand Thumb impression of worker

Signature with Seal of Medical Inspector/C.M. O Registration No: 141048

Note:

- 1. Exact details of the cause of physical disability should be clearly stated.
2. Functional/productive abilities should also be stated if disability is stated.

Dr. D. ARVINTH, M.B.B.S., Reg. No: 141048 Medicare Hospital Matnur, Oragadam

### MEDICAL EXAMINATION FORM

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

#### FORM XI

Certificate Sr.no: 08

Project: Amplus solar

Examining doctor's name: D. Arvinth Date: 21/08/2023 Time: 10.30 AM

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
<u>velayutham</u>	<u>Ravi</u>	<u>27/03/1996</u> (27)	<u>A mole on left hand</u>	<u>M</u>	<u>Keelakudigicupin</u> <u>Arigalare,</u> <u>TN - 621 802</u>	<u>Technician.</u>

#### Medical and occupational history

##### Clinical Examination with particular reference to:

1. General Physique: Height & Weight: 173 CM 63 KG, BP 110/70 mm Hg Pulse Rate 90/min
2. Blood Group: A-ve (Lab report must be attached)
3. Vision: (N)
4. Hearing: (N)
5. Breathing: (N)
6. Upper Limbs: (N)
7. Lower Limbs: (N)
8. Spine: (N)
9. Vertigo: (N)
10. Epilepsy: (N)
11. General (Mental alertness and stability with good eye, hand and foot coordination): (N)


#### Any other tests which the examining doctor considers necessary.

I hereby certify that I have personally examined (name) velayutham son/daughter/wife of Ravi residing at Tamil Nadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 27 years and that he/she is fit for employment in sky bri as an adult/adolescent.

#### Reason for -

1. Refusal of certificate .....
2. Certificate being revoked .....

velayutham  
Signature/Left hand Thumb  
impression of worker

  
Signature with Seal of  
Medical Inspector/C.M. O  
Registration No: 141048

#### Note:

1. Exact details of the cause of physical disability should be clearly stated.
2. Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, MBBS.,**  
Reg. No: 141048  
Medcare Hospital  
Wathur, Oragadam

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 09

Project: Amplus Solar

Examining doctor's name: D. Arvinth Date: 21/08/2023 Time: 10.30 AM

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
ABINASH	Ravichandran	16/11/2001 (23)	Acut scar on left hand	M	Chidambaram Cuddalore TN-608 001	Associate Technician

**Medical and occupational history**

**Clinical Examination with particular reference to:**

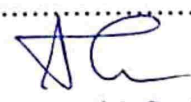
- General Physique: Height & Weight: 175 CM 77.4 KG, BP: 120/70 mm Hg Pulse Rate: 78 /min
- Blood Group: B+ve (Lab report must be attached)
- Vision: (N)
- Hearing: (N)
- Breathing: (N)
- Upper Limbs: (N)
- Lower Limbs: (N)
- Spine: (N)
- Vertigo: (N)
- Epilepsy: (N)
- General (Mental alertness and stability with good eye, hand and foot coordination): (N)

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Abinash son/daughter/wife of Ravichandran residing at Tamilkudam who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 23 years and that he/she is fit for employment in Skyfri as an adult/adolescent.

**Reason for -**  
1. Refusal of certificate .....  
2. Certificate being revoked.....

  
Signature/Left hand Thumb  
impression of worker

  
Signature with Seal of  
Medical Inspector/C.M. O  
Registration No: 141048

**Note:**  
1. Exact details of the cause of physical disability should be clearly stated.  
2. Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, MBBS.,**  
Reg. No: 141048  
Medicare Hospital  
Wanur, Oragadam

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 13

Project: Amplus Solar

Examining doctor's name: D. Arvinth Date: 20/08/2023 Time: 10.30 am

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
María Antony	John Bosco	13/09/1999 (24)	Scar on forehead	M	Madha kottai Thangavai TN-613005	safety Executive

**Medical and occupational history**

Clinical Examination with particular reference to:


- General Physique: Height & Weight: 168 CM 57.6 KG, BP 110/80 mm Hg, Pulse Rate 78 /min
- Blood Group: B<sup>+</sup> (Lab report must be attached)
- Vision: (N)
- Hearing: (N)
- Breathing: (N)
- Upper Limbs: (N)
- Lower Limbs: (N)
- Spine: (N)
- Vertigo: (N)
- Epilepsy: (N)
- General (Mental alertness and stability with good eye, hand and foot coordination): (N)

Any other tests which the examining doctor considers necessary.

I hereby certify that I have personally examined (name) María Antony son/daughter/wife of John Bosco residing at Tamilnadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 24 years and that he/she is fit for employment in skyfri as an adult/adolescent.

Reason for -  
1. Refusal of certificate .....  
2. Certificate being revoked.....

  
Signature/Left hand Thumb  
impression of worker

  
Signature with Seal of  
Medical Inspector/C.M. O  
Registration No: 41048

Note:  
1. Exact details of the cause of physical disability should be clearly stated.  
2. Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, M.D.S.,**  
Reg. No: 1410  
W. S. S. S. Hospital,  
Wanur, Oragadam



**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 21

Project: Amplus solar

Examining doctor's name: DRS. NAVEEN KUMAR Date: 16/09/23 Time: 10:40 AM

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Mr. Saravana Keemari	V. Vondia Naseed	20/10/2009	A B S Face lead	male	Sri Neevum	Associate Helper

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- General Physique: Height & Weight: 173 CM 64 KG, BP 110/70 Pulse Rate 76
- Blood Group: ----- (Lab report must be attached)
- Vision: BE 6/6
- Hearing: normal
- Breathing: BAE ⊕
- Upper Limbs: Normal
- Lower Limbs: Normal
- Spine: NY
- Vertigo: NY
- Epilepsy: NY
- General (Mental alertness and stability with good eye, hand and foot coordination): (N)

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Saravana Keemari (son/daughter/wife of V. Vondia Naseed residing at Sri Neevum who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 23 years and that he/she is fit for employment in Amplus as an adult/adolescent.


**Reason for -**

- Refusal of certificate .....
- Certificate being revoked.....

**S** Signature/Left hand Thumb  
**ii** impression of worker

**N** Note:

- Exact details of the cause of physical disability should be clearly stated.
- Functional/productive abilities should also be stated if disability is stated.

  
**Dr. S. NAVEEN KUMAR** M.B.B.S.,  
 Signature with Seal of  
 Medical Inspector/C.M.O  
 No.3, Registration Nagar,  
 Sriperumbudur - 602 105.

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 28

Project: AMBUS SOLAR

Examining doctor's name: Dr. S. Naveenkumar Date: 16/09/23 Time: 9.50 Am.

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
SABARI VEL.	KALIYAMORTHY	29/12/1988	ABMN Cherry	male	88/11/2023	Solar- Sr. ENGINEER

**Medical and occupational history**

**Clinical Examination with particular reference to:**

1. General Physique: Height & Weight: 175 CM 82 KG, BP 130/90 mmHg Pulse Rate 82 bpm.
2. Blood Group: ----- (Lab report must be attached)
3. Vision: B2 b/b.
4. Hearing: Normal
5. Breathing: BAE-D.
6. Upper Limbs: Normal NM
7. Lower Limbs: NM
8. Spine: NM
9. Vertigo: well.
10. Epilepsy: nil
11. General (Mental alertness and stability with good eye, hand and foot coordination):

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Sabari vel. Kaliyamorthy residing at 88/11/2023 Son/daughter/wife of Dr. S. Naveenkumar who is desirous of being employed in building/factory and construction work and that his/her age as nearly as can be ascertained from my examination is 25-30 years and that he/she is fit for employment in Opulus as an adult/adolescent.

**Reason for -**

1. Refusal of certificate .....
2. Certificate being revoked .....

Signature/Left hand Thumb impression of worker

**Notes:**

1. Exact details of the cause of physical disability should be clearly stated.
2. Functional/productive abilities should also be stated if disability is stated.

**Dr. S. NAVEENKUMAR, M.B.B.S.,**  
 Signature with Seal of 2019  
 Medical Inspector  
 M.C.S. Kothaguda Nagar, Nagar,  
 Registration No. 602106.

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 92

Project: Ampull Solar

Examining doctor's name: Dr. Naveen Kumar Date: 16/9/23 Time: 11Am

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
KRISHNA KUMAR	Shrman Prasad	01/01/2003	Atom in Chest	Male	Sri Neelam	Associate Helper

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- General Physique: Height & Weight: 166 CM 46 KG, BP 120/80 mmHg Pulse Rate 90/bm
- Blood Group: \_\_\_\_\_ (Lab report must be attached)
- Vision: R6/6 L6/6
- Hearing: Normal
- Breathing: BAE
- Upper Limbs: \_\_\_\_\_
- Lower Limbs: Normal
- Spine: Normal
- Vertigo: Normal
- Epilepsy: \_\_\_\_\_
- General (Mental alertness and stability with good eye, hand and foot coordination):

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Krishna Kumar son/daughter/wife of Shrman Prasad residing at Sri Neelam who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 20-25 years and that he/she is fit for employment in Industry as an adult/adolescent.

**Reason for -**

- Refusal of certificate .....
- Certificate being revoked.....

Signature/Left hand Thumb impression of worker

**Dr. S. NAVEEN KUMAR, M.B.B.S.,**  
 Signature with Seal  
 Medical Inspector  
 No. 3, Kotha Road, Gannar,  
 Registration No. - 602 105.

**Note:**

- Exact details of the cause of physical disability should be clearly stated.
- Functional/productive abilities should also be stated if disability is stated.

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 24

Project: Amplus Solar

Examining doctor's name: DR. S. NAVEENKUMAR Date: 16/11/2023 Time: 11:10

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupational Designation
Fredrick Agsthan	Jayakumar	24/04/2000	Scar on face	male	Canvasser	Associate Helper

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- General Physique: Height & Weight: 169 CM - 73 KG, BP: 116/80 Pulse Rate: 74/min
- Blood Group: \_\_\_\_\_ (Lab report must be attached)
- Vision: BE 6/6
- Hearing: normal
- Breathing: BAE ⊕
- Upper Limbs: Normal
- Lower Limbs: Normal
- Spine: Normal
- Vertigo: Normal
- Epilepsy: —
- General (Mental alertness and stability with good eye, hand and foot coordination):

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Fredrick Agsthan son/daughter/wife of Jayakumar residing at Amplus Solar who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 20-25 years and that he/she is fit for employment in Amplus as an adult/adolescent.

**Reason for -**

- Refusal of certificate .....
- Certificate being revoked.....

Signature/Left hand Thumb impression of worker

Dr. S. NAVEENKUMAR, M.B.B.S.,  
 Registrar with Seal  
 Medical Superintendent  
 Government Hospital, Nadar Nagar,  
 Bangalore - 562 105.

**Note:**

- Exact details of the cause of physical disability should be clearly stated.
- Functional/productive abilities should also be stated if disability is stated.

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 27

Project: \_\_\_\_\_

Examining doctor's name: Dr. S. Narayan Kumar Date: 16/09/23 Time: 11.50 Am

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Gerasethar	Ram	20/03/1999	Alam in Char	Male	Thiruvirupuram	Helper

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- General Physique: Height & Weight: 171 CM 81 KG, BP: 120/80 mmHg, Pulse Rate: 84 per min
- Blood Group: \_\_\_\_\_ (Lab report must be attached)
- Vision: BE b6
- Hearing: Normal
- Breathing: Normal
- Upper Limbs: Normal
- Lower Limbs: Normal
- Spine: Normal
- Vertigo: Normal
- Epilepsy: Normal
- General (Mental alertness and stability with good eye, hand and foot coordination):

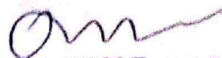
**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Gerasethar (son/daughter/wife of Ram) residing at Sri Perumbeidam who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 25.50 years and that he/she is fit for employment in Building as an adult/adolescent.

**Reason for -**

- Refusal of certificate .....
- Certificate being revoked .....

Signature/Left hand Thumb impression of worker

  
**Dr. S. Narayan Kumar, M.B.B.S.,**  
 Medical Inspector  
 Regalaya Hospital  
 No. 7, Kothanda Nadar Nagar,  
 Sriperumbudur - 602 105.

**Note:**

- Exact details of the cause of physical disability should be clearly stated.
- Functional/productive abilities should also be stated if disability is stated.

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: 26

Project: Amalud Solar

Examining doctor's name: Dr. S. Naveen Kumar Date: 16/07/23 Time: 11:30

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
<u>Yuvraj</u>	<u>Solekalingam</u>	<u>1/04/1994</u>	<u>Ausin forehead</u>	<u>male</u>	<u>Thirunivaram</u>	<u>helper</u>

**Medical and occupational history**

**Clinical Examination with particular reference to:**


- General Physique: Height & Weight: 163 CM 57 KG, BP 110/70 Pulse Rate 94/min
- Blood Group: ----- (Lab report must be attached)
- Vision: BE 6/6
- Hearing: normal
- Breathing: MM
- Upper Limbs: JMM
- Lower Limbs: JMM
- Spine: MM
- Vertigo: MM
- Epilepsy: ---
- General (Mental alertness and stability with good eye, hand and foot coordination):

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Yuvraj..... (son/daughter/wife of Solekalingam.....residing at Thirunivaram.....who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 29 years and that he/she is fit for employment in Amalud.....as an adult/adolescent.

- Reason for -**
- Refusal of certificate .....
  - Certificate being revoked.....

Signature/Left hand Thumb impression of worker

  
**Dr. S. NAVEEN KUMAR, M.B.B.S.,**  
 Registrar with 729591  
 Medical Inspector, M. O  
 No. 3, Kottanda Nadar Nagar,  
 Singaperumbalur- 602 105.

- Note:**
- Exact details of the cause of physical disability should be clearly stated.
  - Functional/productive abilities should also be stated if disability is stated.

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: \_\_\_\_\_

Project: \_\_\_\_\_

Examining doctor's name: D. Arvindh Date: 18/10/2023 Time: 12.17pm

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Akash. M	Murugan	01/10/2001	Arise over (E) Forearm.	M	Tiruvallur, Tamilnadu	

**Medical and occupational history**

**Clinical Examination with particular reference to:**

- 1. General Physique: Height & Weight: 175 CM 83.5 KG, BP: 130/80 mm Hg Pulse Rate: 68/min
- 2. Blood Group: B<sup>+</sup> (Lab report must be attached)
- 3. Vision: Normal
- 4. Hearing: Normal
- 5. Breathing: Normal
- 6. Upper Limbs: Normal
- 7. Lower Limbs: Normal
- 8. Spine: Normal
- 9. Vertigo: Normal
- 10. Epilepsy: Normal
- 11. General (Mental alertness and stability with good eye, hand and foot coordination): Normal

Any other tests which the examining doctor considers necessary.

I hereby certify that I have personally examined (name) Akash. M son/daughter/wife of Murugan residing at Tiruvallur, Tamilnadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 22 years and that he/she is fit for employment in \_\_\_\_\_ as an adult/adolescent.

Reason for -

- 1. Refusal of certificate \_\_\_\_\_
- 2. Certificate being revoked \_\_\_\_\_

Signature/Left hand Thumb impression of worker

*Akash*

Signature with Seal of Medical Inspector/C.M. O  
Registration No: 141048

*Arvindh*

**Note:**

- 1. Exact details of the cause of physical disability should be clearly stated.
- 2. Functional/productive abilities should also be stated if disability is stated.

**Dr. D. ARVINTH, MBBS.,**  
Reg. No: 141048  
Medicare Hospital  
Mairur, Oragadam

**MEDICAL EXAMINATION FORM**

Doc no: M+/HSE/4054, Rev no-00, Issue date:21-09-20

**FORM XI**

Certificate Sr.no: \_\_\_\_\_

Project: \_\_\_\_\_

Examining doctor's name: D. Arvinth Date: 18/10/2023 Time: 12:17 pm

Name	Father's Name	Date of Birth/Age	Identification Marks	Sex	Address/Residence	Occupation/Designation
Ajith Kumar V	Vengatesh	26/11/1999	A scar on R hand.	M	Tiruvallur, Tamil Nadu	

**Medical and occupational history**

**Clinical Examination with particular reference to:**

1. General Physique: Height & Weight: 179-CM 92.4KG, BP 120/80 mm Hg Pulse Rate 66/min
2. Blood Group A+ve (Lab report must be attached)
3. Vision: Normal
4. Hearing: Normal
5. Breathing: Normal
6. Upper Limbs: Normal
7. Lower Limbs: Normal
8. Spine: Normal
9. Vertigo: Normal
10. Epilepsy: Normal
11. General (Mental alertness and stability with good eye, hand and foot coordination): Normal.

**Any other tests which the examining doctor considers necessary.**

I hereby certify that I have personally examined (name) Ajith Kumar V son/daughter/wife of Vengatesh residing at Tiruvallur, Tamil Nadu who is desirous of being employed in building/Factory and construction work and that his/her age as nearly as can be ascertained from my examination is 24 years and that he/she is fit for employment in \_\_\_\_\_ as an adult/adolescent.

**Reason for -**

1. Refusal of certificate .....
2. Certificate being revoked .....

Signature/Left hand Thumb impression of worker

V. Ajith Kumar

**Note:**

1. Exact details of the cause of physical disability should be clearly stated.
2. Functional/productive abilities should also be stated if disability is stated.

Signature with Seal of Medical Inspector/C.M. O  
Registration No: 141048

**Dr. D. ARVINTH, MBBS.,**  
Reg. No: 141048  
Meegore Hospital  
Mannar, Oragadam