

# Raj Technology

◆ All types of CNC, VMC Machine ◆ Maintenance, Manufacturing of SPM  
& PLC Automation ◆ All types of spindles, Turret, Ball Screw reconditioning

RX-6/6, Ayodhya Nagar, Bajaj Nagar, Waluj, Aurangabad-431 136 Cell : 9923109903, 9175060791

Ref. No. RT-39/2023-24

Date : 10.11.2023

## Health Monitoring

We Ms/. Raj Technology declare that, we are understood all the process of contractor safety evaluation in line with we are submitted declaration for following of contractor safety management attached labour fitness copy. As all labour fitness copy is not acceptable by the system/portal below mention labour as medical fitness medical check done by doctor & verified.

Sr. No.	Employee Name
1	Vitthal Gajare
2	Jivan Rajput
3	Iaranna Gajare

**For RAJ TECHNOLOGY**



Authorised Signature

**MEDICAL CHECK-UP OF CONTRACT WORKERS**

NAME: Uthab N. Gayth DATE OF EXAMINATION: 10.11.23  
 AGE: 34 DOB: 09.11.1989 SEX: Male  
 IDENTIFICATION MARKS: Mole on left arm  
 PERMANENT ADDRESS: Room No. 2 Aadya Nagar Bajar, Nagar  
MIRC wakar Albad.  
 TREATMENT DETAILS (if currently on medications):

**PAST ILLNESS / HOSPITALISATION (if any) :**

Please tick (Yes / No)		YES / NO	
1	JAUNDICE	YES / NO	B.P.: <u>124/82</u>
2	TYPHOID	YES / NO	Pulse: <u>78</u>
3	VD	YES / NO	Height: <u>165 cm</u>
4	KOCH'S / TUBERCULOSIS	YES / NO	Weight: <u>68 Kgs</u>
5	HANSEN'S DISEASE / LEPROSY	YES / NO	Blood Sugar: <u>—</u>
6	CHRONIC COUGH	YES / NO	Blood Group: <u>—</u>
7	INFECTIVE SKIN DISEASE	YES / NO	
8	SPINE PROBLEM / LOW BACK PAIN	YES / NO	
9	VERTIGO / GIDDINESS	YES / NO	
10	EPILEPSY / SEIZURES	YES / NO	
11	OTHER MAJOR ILLNESS	YES / NO	

**O/E**

1	GENERAL CONDITION :	6	SKIN
2	PALLOR :	7	R.S.:
3	NAILS :	8	P.A.:
4	EYES :	9	CNS :
5	GENITOURINARY SYSTEMS :	10	OTHERS :

} NAD } NAD

**EYE CHECK:**

		UNCORRECTED	CORRECTED
DISTANCE VISION	RT EYE	✓	
	LT EYE		
NEAR VISION	RT EYE	✓	
	LT EYE		
COLOUR VISION	NORMAL		COLOUR-BLIND

**DOCTOR'S REMARKS:**

- FIT / UNFIT FOR CONTRACTUAL WORK
- FIT / UNFIT FOR WORKING AT HEIGHTS ABOVE 2 METRES & ENCLOSED SPACES
- IN CASE OF WOMEN WORKER'S -  
THE WORKER IS PREGNANT / NOT PREGNANT

SIGN OF EMPLOYEE:-

SIGN OF DOCTOR:-

*(Signature)*

RUBBER STAMP OF DOCTOR:

**Dr. Shaikh Mohd. Navid**  
**MBBS (AFIH)**

DOCTOR'S REGN. NO:

**Reg. No. 2005/02/0762**

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR

VERIFIED:

**MEDICAL CHECK-UP OF CONTRACT WORKERS**

NAME Prerna S. Gajle DATE OF EXAMINATION 10.11.23  
 AGE: \_\_\_\_\_ DOB: 01.06.1969 SEX: Male  
 IDENTIFICATION MARKS: Mole on lt of chest  
 PERMANENT ADDRESS: Aayadga Nagar, Bafra Nagar  
Mide wali, Hrudayabid.  
 TREATMENT DETAILS (if currently on medications): \_\_\_\_\_

**PAST ILLNESS / HOSPITALISATION (if any):**

Please tick (Yes / No)

1	JAUNDICE	YES / NO	B.P.:	<u>126/82</u>
2	TYPHOID	YES / NO	Pulse:	<u>78</u>
3	VD	YES / NO	Height:	<u>167cm</u>
4	KOCH's / TUBERCULOSIS	YES / NO	Weight:	<u>62</u>
5	HANSEN'S DISEASE / LEPROSY	YES / NO	Blood Sugar:	_____
6	CHRONIC COUGH	YES / NO	Blood Group:	_____
7	INFECTIVE SKIN DISEASE	YES / NO		
8	SPINE PROBLEM / LOW BACK PAIN	YES / NO		
9	VERTIGO / GIDDINESS	YES / NO		
10	EPILEPSY / SEIZURES	YES / NO		
11	OTHER MAJOR ILLNESS	YES / NO		

**O/E**

1	GENERAL CONDITION :	6	SKIN :
2	PALLOR :	7	R.S. :
3	NAILS :	8	P.A. :
4	EYES :	9	CNS :
5	GENITOURINARY SYSTEMS :	10	OTHERS :

} NAD } NAD

**EYE CHECK**

	UNCORRECTED	CORRECTED
DISTANCE VISION	RT EYE ✓ LT EYE ✓	
NEAR VISION	RT EYE +2.2 LT EYE +2.2	
COLOUR VISION	NORMAL ✓	COLOUR-BLIND

**DOCTOR'S REMARKS:**

- FIT / UNFIT FOR CONTRACTUAL WORK
- FIT / UNFIT FOR WORKING AT HEIGHTS ABOVE 2 METRES & ENCLOSED SPACES
- IN CASE OF WOMEN WORKER'S -  
THE WORKER IS PREGNANT / NOT PREGNANT

SIGN OF EMPLOYEE: \_\_\_\_\_

SIGN OF DOCTOR: \_\_\_\_\_

RUBBER STAMP OF DOCTOR:

**Dr. Shaikh Mhd. Navid**  
**MBBS (AFIH)**

DOCTOR'S REGN. NO:

**Reg. No. 2005/02/0762**

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR

VERIFIED: \_\_\_\_\_

**MEDICAL CHECK-UP OF CONTRACT WORKERS**

NAME Sivan Rajput DATE OF EXAMINATION 10.11.23  
 AGE 26 DOB: 12.06.1997 SEX Male  
 IDENTIFICATION MARKS: Moh on Lt forehead  
 PERMANENT ADDRESS: Bhojpur, A. Road.  
 TREATMENT DETAILS (if currently on medications):

**PAST ILLNESS / HOSPITALISATION (if any):**

Please tick (Yes / No)			B.P.:	<u>120/78</u>
1	JAUNDICE	YES / NO	Pulse:	<u>80</u>
2	TYPHOID	YES / NO	Height:	<u>172 cm</u>
3	VD	YES / NO	Weight:	<u>62 kg</u>
4	KOCH's / TUBERCULOSIS	YES / NO	Blood Sugar:	<u>—</u>
5	HANSEN'S DISEASE / LEPROSY	YES / NO	Blood Group:	<u>—</u>
6	CHRONIC COUGH	YES / NO		
7	INFECTIVE SKIN DISEASE	YES / NO		
8	SPINE PROBLEM / LOW BACK PAIN	YES / NO		
9	VERTIGO / GIDDINESS	YES / NO		
10	EPILEPSY / SEIZURES	YES / NO		
11	OTHER MAJOR ILLNESS	YES / NO		

<b>O/E</b>	1	GENERAL CONDITION :	6	SKIN
	2	PALLOR :	7	R.S.:
	3	NAILS :	8	P.A.:
	4	TVS :	9	CNS :
	5	GENITOURINARY SYSTEMS :	10	OTHERS :

} MAD } MAD

EYE CHECK		UNCORRECTED	CORRECTED
DISTANCE VISION	RT EYE	✓	
	LT EYE	✓	
NEAR VISION	RT EYE	✓	
	LT EYE	✓	
COLOUR VISION	NORMAL		COLOUR-BLIND

**DOCTOR'S REMARKS:**

- FIT / UNFIT FOR CONTRACTUAL WORK
- FIT / UNFIT FOR WORKING AT HEIGHTS ABOVE 2 METRES & ENCLOSED SPACES
- IN CASE OF WOMEN WORKER'S - THE WORKER IS PREGNANT / NOT PREGNANT

SIGN OF EMPLOYEE: Sivan SIGN OF DOCTOR: [Signature]

RUBBER STAMP OF DOCTOR: **Dr. Shaikh Mohd. Navid**  
 DOCTOR'S REGN. NO: **MBBS (AFIH)**

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR. Reg. No. 2005/02/0762

VERIFIED: \_\_\_\_\_