MAHARASHTRA FACTORIES RULES FORM 6

(see rule 18)

1 Cert. No: 2 Date: as morch - 2024 3 Name: solfolosh chawlost you Son/daughter/wife of S/o - Shrufam chawlost you 4 Identification Marks/ wife Hand whow Block apot 5 Father's Name Shrufom chawlost you 6 Sex M	
3 Name: solfodosh champosiya. Son/daughter/wife of S/o- Shrufam champosiya. 4 Identification Marks/ Life Hand Upow Blouk apot 5 Father's Name Shru Rom Champosiya. 6 Sex M	
Son/daughter/wife of S/o - Shru Rom chanyosiya. 4 Identification Marks/ 4 Hand Upow Block apot 5 Father's Name Shru Rom chanyosiya	
4 Identification Marks / Uff Hand Upow Block apot 5 Father's Name 6 Sex M	
5 Father's Name Show Row Chauserya	
6 Sex M	•
7 Residence Milder to all	
Residence VIII + 1051 Bilowetha Dist-Day	
8 Date of birth, if available 05-05-1996 and for certificate of age is 29 Years	
Years	
9 PHYSICAL ELENTES	
THISICAL FITNESS	
I hereby certify that, I have personally examined	
Residing at Street Kom crawyosky	
Residing at	
and that his / her age as nearly as can be ascertained from my examination is for employment in the second of the	ictor
that he / she is for employment in	and
as an adult / C	hild
71	
11 Reason for	
(1) Refusal of certificate:	
Or	
(2) Certificate being revoked:	
6 · 6	
Name of the Control o	
DR. AKSHAY WANKHADE	
M.B.B.S., D.C.H	
Reg No.: 2014/04/1593 (California Mospital	

Signature / Left hand Thumb Impression Of Employee

Left Hand Thumb / Signature with seal & initials of Certifying Surgeon

Note: Exact details of cause of physical disability should be clearly stated.

MAHARASHTRA FACTORIES RULES FORM 6

		1		
_		(see	rule 18)	
1	Cert. No :	Certifica	te of Fitness	
2	Date: QS- More	h = 2+20		
3		Poswon		
	Son / daughter/ wife of	0		
4	Identification Marks /	103	Jwan,	
5	Father's Name	Romprit Ram		
6	Sex M			
7	Residence V//	1-Godora Dock	-1.1	
8	Date of birth, if available	9 01-01 19 03	or certificate of age is 35	wa Pin &:
		and /	or certificate of age is	J.H
0			<u> </u>	_ rears
9	PHYSICAL FITNESS			
1 h	dereby certify that, I have I	Derconali		, ,
		examined	Ragu Poswan	
Raci				
17621	ding at	Joseph Kartin	ani	,
and	ding atthat his / her age as n	omposit Rossu	who is desired.	
and that	that his / her age as nhe/she is	early as can be ascertai	who is desirous of be	ing employed ir
and that	that his / her age as nhe/she is	nearly as can be ascertain	who is desirous of be	0-
and hat	ding at that his / her age as nhe/she is	early as can be ascertai	who is desirous of be	SS yea
and hat	that his / her age as nhe / she is Property Control of the control	early as can be ascertai	who is desirous of be ned from my examination is	0-
and hat	that his / her age as n he / she is	early as can be ascertai for employment in	who is desirous of be	SS yea
and hat l	that his / her age as n he / she is	early as can be ascertai for employment in	who is desirous of be	SS yea
and that (that his / her age as ne he / she is	dearly as can be ascertaing for employment in	who is desirous of be	35 year
and that (that his / her age as ne he / she is	dearly as can be ascertaing for employment in	who is desirous of be	35 year
and that	that his / her age as not he / she is Property P	dearly as can be ascertaing for employment in	who is desirous of be	35 year
and that (that his / her age as ne he / she is	dearly as can be ascertaing for employment in	who is desirous of be	SS yea
and that	that his / her age as ne he / she is	dearly as can be ascertaing for employment in	who is desirous of be	SS yea
and that (that his / her age as ne he / she is	dearly as can be ascertaing for employment in	who is desirous of be	SS yea

Signature / Left hand Thumb Impression
Of Employee Note: Exact details of cause of physical

Left Hand Thumb / Signature with soul f

MAHARASHTRA FACTORIES RULES FORM 6

(see rule 18)
Certificate of Fitness

	tificate of Fitness
1 Cert. No :	
2 Date: 05-Moyun-2027	
3 Name: Bilu Rumaz,	
Son / daughter/ wife of	0
Son / daughter/ wife of Son Joy 4 Identification Marks / N.A.	form.
6 Sex M	
8 Date of hirth if qualitation at 1 2 2	t-Adroura, PHT-Garhwa, PIR-8221
8 Date of birth, if available 0/-0/-229 ar	nd /or certificate of age is 20 V
	Years
9 PHYSICAL EUTENPER	
THISICAL FITNESS	y ,
I hereby certify that, I have personally examined	
son/daughter/wife of Con Jay Rom.	Bikki kumaz,
residing at	
and that his / her age as pearly as con le	who is desirous of being employed in facto
and that his / her age as nearly as can be ascerthat he / she is for employment in	tained from my examination is 20 years and
ior employment in	as an adult / Child
	as an addit y Child
11 Reason for	
(1) Refusal of certificate:	
Or	
(2) Certificate being revoked:	
	6 · 6
	the state of the s
T	PR.AKSHAY WANKHADE
	A1 B.e.s. 2 Cit
La companya da la co	the officer of the contract
	To-
Of Employee	Sur Control of the Co
Of Employee	Left Hand Thumb / Signature with seal & initials of
Alat	Certifying Surgeon
Note: Exact details of cause of physical disability shou	certifying surgeon

Mob.: 9324827059



♣ Dr. S. S. PATIL



DISPENSARY: Shop No.1, Riddhi Siddhi Apartment, Plot No. B-145, /146 Sector - 19, Koparkhairane, Navi Mumbai - 400 709.

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Date .: 4/3/624

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Certificate

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Medically fit

Start

DR. PATIL S.

D.H.M.S.

Reg. No. 16722 FAMILY PHYSICIAN