

MAHARASHTRA FACTORIES RULES
FORM 6

(see rule 18)
Certificate of Fitness

- 1 Cert. No : _____
2 Date : 05-March-2024
3 Name : Jai Balkash chawoshiya
Son / daughter/ wife of S/o - Shree Ram chawoshiya
4 Identification Marks / left Hand elbow Black spot
5 Father's Name Shree Ram chawoshiya
6 Sex M
7 Residence Vill + Post - Bilangha Dist-Maur. Pin - 221706
8 Date of birth, if available 05-05-1995 and /or certificate of age is 29 Years

9 PHYSICAL FITNESS

I hereby certify that, I have personally examined Jai Balkash
son/daughter/wife of Shree Ram chawoshiya
Residing at _____ who is desirous of being employed in factory,
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 Endurance as an adult / Child

11 Reason for --

(1) Refusal of certificate : _____

Or

(2) Certificate being revoked : _____

DR. AKSHAY WANKHADE
M.B.B.S., D.C.H
Reg. No.: 2014/04/1593
Healthstars Hospital

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

Signature / Left hand Thumb Impression
Of Employee

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

MAHARASHTRA FACTORIES RULES
FORM 6

(see rule 18)
Certificate of Fitness

- 1 Cert. No : _____
2 Date : 25 March - 2024
3 Name : Raju Poswan
Son / daughter/ wife of Rampriit Poswan,
4 Identification Marks / N.A.
5 Father's Name Rampriit Ram
6 Sex M
7 Residence vill - Godola, Post - Havigova Dist - Gadchiroli, Pin - 422102
8 Date of birth, if available 01-01-1989 and /or certificate of age is 35 Years

9 PHYSICAL FITNESS

I hereby certify that, I have personally examined Raju Poswan
son/daughter/wife of Rampriit Poswan,
Residing at _____ who is desirous of being employed in fact
and that his / her age as nearly as can be ascertained from my examination is 35 years
that he / she is FIT for employment in Evluance as an adult / C

11 Reason for --

(1) Refusal of certificate : _____

Or

(2) Certificate being revoked : _____

Signature / Left hand Thumb Impression
Of Employee

Note : Exact details of cause of physical fitness

DR. AKSHAY WANKHADE
M.B.B.S., D.C.H.
12/10/2012 10:11:03
Mumbai District

for
[Signature]
Left Hand Thumb / Signature with seal of
Certificate

MAHARASHTRA FACTORIES RULES
FORM 6

(see rule 18)
Certificate of Fitness

- 1 Cert. No : _____
2 Date : 25-May-2024
3 Name : Biki Kumar
Son / daughter / wife of Sanjay Ram
4 Identification Marks / N.A.
5 Father's Name Sanjay Ram
6 Sex M
7 Residence Vill - Kushiand, Post - Adhaura, Dist - Garhwa, Pir - 822121 J.H.
8 Date of birth, if available 01-01-2004 and /or certificate of age is 20 Years

9 PHYSICAL FITNESS

I hereby certify that, I have personally examined Biki Kumar
son/daughter/wife of Sanjay Ram
Residing at _____ who is desirous of being employed in factory,
and that his / her age as nearly as can be ascertained from my examination is 20 years and
that he / she is FIT for employment in Enrolance as an adult / Child

11 Reason for --

(1) Refusal of certificate : _____

Or

(2) Certificate being revoked : _____

DR. AKSHAY WANKHADE
M.B.B.S., D.C.H.
Reg. No. 2014/04/2533
Kushiand Hospital



[Handwritten Signature]

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.



Mob.: 9324827059

+ Dr. S. S. PATIL +

R.No. 16722

D.H.M.S. (Bom)

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

Rx

Date: 4/3/24

FITNESS Certificate

This is to certify

that Mr. Balmukund Maurya 28 yr
male has been physically
examined by me and is found
medically fit

Dr. S.S.

DR. PATIL S.S.

D.H.M.S.

Reg. No. 16722

FAMILY PHYSICIAN