



Kristl Seibt India Pvt. Ltd.

Office No. 814, Rama Equator, Morwadi,  
Pimpri, Pune - 411018, Maharashtra,  
e-mail: vikas.helchel@ks-india.com  
Pan: AADCK1791N GST: 27AADCK1791N1Z2  
CIN: U74999PN2007FTC130672  
Tel.: 020 29780399

MEDICAL TEST RECORD

SR. No.	NAME	Date of Birth	Trade	Medical Period	
				Start Month	End Month
1	Nagesh Eknath Kamble	30-Sep-72	Sr. Technician	Mar'22	Feb'23
2	Yakub Sajid Shaikh	10-Oct-87	Jr. Technician	July'22	Jun'23
3	Santosh Shivaji Shinde	06-Feb-79	Sr. Engineer	Mar'22	Feb'23
4	Wagheshwar Kantaram Pathare	01-Oct-75	Sr. Service Engineer	Mar'22	Feb'23
5	Tushar Amarnath Patil	03-Sep-73	Sr. Service Engineer	Mar'22	Feb'23
6	Dadaso Nanaso Patil	05-Jan-84	Assistant Manager	Dec'22	Nov'23
7	Sandip Raosaheb Potghan	25-Jan-85	Sr. Technician	July'22	Jun'23
8	Prashant Sadashiv Jagtap	12-Dec-84	Sr. Technician	Dec'22	Nov'23
9	Abhishek Namdeo sabale	26-Aug-90	Sr.Engineer	July'22	Jun'23
10	Shriram Rajan Agashe	08-Sep-90	Jr. Engineer	July'22	Jun'23
11	Kiran Eknath Shinde	17-Jun-87	Senior Technician	Dec'22	Nov'23
12	Sreekanth Ajaykumar	12-Mar-91	Sr. Engineer	Dec'22	Nov'23
13	Nishant Satish Girme	01-Feb-91	Jr. Engineer	Dec'22	Nov'23
14	Vishal Waman Katre	11-Feb-94	Jr. Engineer	Oct'22	Sep'23
15	Namdev Shelar	22-Aug-95	Sr. Technician	Feb'22	Jan'23
16	Sandesh Phadatare	20-Mar-92	Sr. Engineer	Dec'22	Nov'23

*Suresh*  
Suresh Kumar Sharma  
HR (Admin)

Date: 28/12/22



**EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS -PUNE**

DATE: 25 July 2022 AGE: 32 YEARS Date Of Birth: 26/03/1990

Contractor Name: Kristh. Sebt. Pvt. Ltd. Candidate Name: Abhishek Namdeo Sabale

I CARE HEALTH SOLUTIONS, Shop no 12, Morya Business Complex, Besides Rotary Club, Behind HP Petrol Pump, Near Regent Hotel, Thermax Chowk, Chinchwad-411019  
Dr. Naikwadi :- (M) 7387783239 Ph.No.020-69333733  
Mrs. Rupali Naikwadi - (M) 8796319350

2. Dr. Vaibhav Chakurkar, C/o Dr. Suhas Kantikar clinic, near Janta Sahakari bank, telegaon station. Ph no.- 9373069445

**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)**

PAST & PRESENT ILLNESS (पुर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा)	<input type="checkbox"/>	HEART DISEASE (हृदय रोग)	<input type="checkbox"/>
T.B (क्षय)	<input type="checkbox"/>	MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/>
EPILEPSY (फिटस)	<input type="checkbox"/>	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/>
FRACTURE (अस्थीभंग)	<input type="checkbox"/>	OPERATION (शस्त्रक्रिया)	<input type="checkbox"/>
POLIO (पोलीओ)	<input type="checkbox"/>	DEAF / DECREASED HEARING (मुक बधिर)	<input type="checkbox"/>
Dumb (मुक बधिर)	<input type="checkbox"/>	LOSS / DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/>
Any illness since birth (जन्मापासुनचे आजार)	<input type="checkbox"/>	IDENTIFICATION MARK (जन्म रूण).....	

Mole on neck



Taking regular medication for illness (If yes, please give details)..... NO

(उमेदवाराची सही)  
Signature of Candidate

*Abhishek*

**Authorized Signature of Contractor & Stamp**

Height 171 Cms  
Weight 73.6 Kgs  
BMI: 25.1  
Waist / hip ratio: 94/104 = 0.9

**CLINICAL EXAMINATION**

BUILD : M NAILS : 7

PULSE : 84 /min

BP : 115/80 mm Hg

CVS : S1 S2 M

RS : AREBE CLEAR

PA : SOFT M

MUSCULO SKELETAL : 7 MAD

SKIN : 7

GENITO- URINARY : 7

ANY OTHER: NO

VISION :

		RT EYE	LT EYE
Without Glasses	D.V	6/60	6/60
	N.V	N 6	N 6
With Glasses	D.V	6/6	6/6
	N.V	N	N
Power of Glasses / Contact Lenses		<u>D.V -4.00</u>	<u>-3.50</u>

SQUINT : PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक

*Ganesh*

डॉ. सोनाली विकास साबळे MBBS.D.C.P.A.F.I.H  
कारखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे  
पुणे जिल्हाकारिता दिनांक २६/०३/२०२१ पासुन २५/०३/२०२३  
पर्यंत प्राधिकृत प्रमाणक शल्य चिकित्सक क्र. ACS24-SS/2016

**Signature & Stamp of Certifying Surgeon :**

**FITNESS SLIP (To Be issued By TML Doctors)**

FIT / UNFIT Signature & Stamp of TML Doctor

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS -PUNE**

DATE:- <u>12 Dec 2022</u>	AGE: <u>38</u> YEARS	Date Of Birth : <u>5/1/1984</u>
Contractor Name: <u>Krishna Seibt India</u>		Candidate Name : <u>Dadasa Nanasa</u>
I CARE HEALTH SOLUTIONS, Shop no 12, Morya Business Complex, Besides Rotary Club, Behind HP Petrol Pump, Near Regent Hotel, Thermax Chowk, Chinchwad-411019 Dr. Naikwadi :- (M) 7387783239 Ph.No.020-69333733 Mrs. Rupali Naikwadi - (M) 8796319350		2. Dr. Vaibhav Chakurkar, C/o Dr. Suhas Kantikar clinic, near Janta Sahakari bank, telegaon station. Ph no.- 9373069445 <u>P.H.U.</u>

**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)**

PAST & PRESENT ILLNESS (पुर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/> No	HEART DISEASE (हृदय रोग) <input type="checkbox"/> No
T.B (क्षय) <input type="checkbox"/> No	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/> No
EPILEPSY (फिटस) <input type="checkbox"/> No	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/> No
FRACTURE (अस्थीभंग) <input type="checkbox"/> No	OPERATION (शस्त्रक्रिया) <input type="checkbox"/> No
POLIO (पोलीओ) <input type="checkbox"/> No	DEAF / DECREASED HEARING (मुक बधिर) <input type="checkbox"/> No
Dumb (मुक बधिर) <input type="checkbox"/> No	LOSS / DECREASED VISION (दृष्टी दोष) <input type="checkbox"/> No
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/> No	IDENTIFICATION MARK (जन्म खूण)..... <u>mole on hand</u>



Taking regular medication for illness (If yes, please give details).....

(उमेदवाराची सही) [Signature]  
Signature of Candidate

Authorized Signature of Contractor & Stamp

Height 170 Cms  
Weight 70.0 Kgs  
BMI : 24.3  
Waist / hip ratio: 86/98=0.8

**CLINICAL EXAMINATION**

BUILD : (N) NAILS : (N)  
PULSE : 84 /min  
BP : 124/73 mm Hg  
CVS : SS2H  
RS : AEBE Clear  
PA : soft m+  
MUSCULO SKELETAL :  
SKIN : MAD  
GENITO- URINARY :  
ANY OTHER: no

VISION :

		RT EYE	LT EYE
Without Glasses	D.V	6/6	6/6
	N.V	N	NG
With Glasses	D.V	6/6	6/6
	N.V	N	N
Power of Glasses / Contact Lenses			

SQUINT : PRESENT  ABSENT   
IDENTIFICATION OF INDIVIDUAL COLOURS  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक  
[Signature]  
डॉ. सोनाली विकास साबळे MBBS, D.C.P.A.F.I.H  
कारखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे  
पुणे जिल्हाकरिता दिनांक २६/०३/२०२१ पासून २५/०३/२०२३  
पर्यंत प्राधिकृत प्रमाणक शल्य चिकित्सक क्र. ACC24-SS/2016  
Signature & Stamp of Certifying Surgeon :

**FITNESS SLIP (To Be issued By TML Doctors)**  
FIT / UNFIT Signature & Stamp of TML Doctor

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <b>1/12/22</b>	Name:- <b>Kiran Ghinde</b>	Date of birth ( जन्म तारीख ) AGE: <b>36</b> YEARS	Contractor Name
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwadl :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar , C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445

**TO BE FILLED IN BY THE CANDIDATE ( उमेदवाराने भरवयाची माहिती )**

PAST & PRESENT ILLNESS ( पूर्वीचे व सध्याचे आजार ) WRITE YES OR NO ( होय किंवा नाही लिहावे )

ASTHAMA ( दमा )	<input type="checkbox"/> NO	HEART DISEASE ( हृदय रोग )	<input type="checkbox"/> NO
T.B ( क्षय )	<input type="checkbox"/> NO	MAJOR INJURIES ( मोठ्या जखमा )	<input type="checkbox"/> NO
EPILEPSY ( फिटस )	<input type="checkbox"/> NO	PSYCHIATRIC ILLNESS ( मानसिक आजार )	<input type="checkbox"/> NO
FRACTURE ( अस्थीभंग )	<input type="checkbox"/> NO	OPERATION ( शस्त्रक्रिया )	<input type="checkbox"/> NO
POLIO ( पोलिओ )	<input type="checkbox"/> NO	DEAF/ DECREASED HEARING ( कर्ण बधीर )	<input type="checkbox"/> NO
DUMB ( मुक बधीर )	<input type="checkbox"/> NO	LOSS OF VISION/DECREASED VISION ( दृष्टी दोष )	<input type="checkbox"/> NO
Any illness since birth ( जन्मापासुनचे आजार )	<input type="checkbox"/> NO	IDENTIFICATION MARK ( जन्म खुण )	<input type="checkbox"/> NO



*Kiran*  
Signature of candidate

Taking regular medication for illness  
If yes, please give details: **NO any illness**

Height: **167** Cms  
Weight: **81** Kgs  
BMI: **29.0**  
Waist/ hip ratio: **0.80**

VISION			
Without Glasses	D.V	<b>6/6</b>	<b>6/6</b>
	N.V	<b>N 6</b>	<b>N 6</b>
With Glasses	D.V	<b>6/</b>	<b>6/</b>
	N.V	<b>N</b>	<b>N</b>
Power of Glasses / Contact Lenses			

**CLINICAL EXAMINATION**

Build : **overweight** NAILS: **(n)**

PULSE : **73**

BP : **120/80** mm Hg

CVS : **(n)**

RS : **(n)**

PA : **(n)**

MUSCULO SKELETAL : **(n)**

SKIN : **(n)**

GENITO-URINARY :

ANY OTHER: **प्रधिकृत प्रमाणक शल्यचिकित्सक**

**Signature & Stamp of Certifying Surgeon**

SQUINT:-  
PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS :-  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

FITNESS SLIP (To Be Issued By TML doctors)

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <u>03/03/2022</u>	Name:- <u>Magesh Kamble</u>	Date of birth ( जन्म तारीख ) AGE: <u>49</u> YEARS	Contractor Name <u>Crystal Sebit India Pvt Ltd</u>
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Nalkwadi :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar , C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445

**TO BE FILLED IN BY THE CANDIDATE ( उमेदवाराने भरण्याची माहिती )**

PAST & PRESENT ILLNESS ( पूर्वीचे व सध्याचे आजार ) WRITE YES OR NO ( होय किंवा नाही लिहावे )

ASTHAMA ( रोग )	<input type="checkbox"/> No	HEART DISEASE ( हृदय रोग )	<input type="checkbox"/> No
T.B ( क्षय )	<input type="checkbox"/> No	MAJOR INJURIES ( मोठ्या जखमा )	<input type="checkbox"/> No
EPILEPSY ( फिटस )	<input type="checkbox"/> No	PSYCHIATRIC ILLNESS ( मानसिक आजार )	<input type="checkbox"/> No
FRACTURE ( अस्थीभंग )	<input type="checkbox"/> No	OPERATION ( शस्त्रक्रिया )	<input type="checkbox"/> No
POLIO ( पोलिओ )	<input type="checkbox"/> No	DEAF/ DECREASED HEARING ( कर्ण बधीर )	<input type="checkbox"/> No
DUMB ( मुक बधिर )	<input type="checkbox"/> No	LOSS OF VISION/DECREASED VISION ( दृष्टी दोष )	<input type="checkbox"/> No
Any illness since birth ( जन्मापासुनचे आजार )	<input type="checkbox"/> No	IDENTIFICATION MARK ( जन्म खूण )	<input type="checkbox"/> Yes



Taking regular medication for illness

If yes, please give details: No any medicine

Magesh Kamble  
Signature of candidate

Height 172 Cms  
Weight 72 Kgs  
BMI: 24.3  
Waist/ hip ratio: 0.90

**CLINICAL EXAMINATION**

Build : N      NAILS: N  
PULSE : 90/min  
BP : 140/90      mm Hg  
CVS : N  
RS : N  
PA : N

**VISION**

Without Glasses	D.V	<u>6/60</u>	<u>6/60</u>
	N.V	<u>N 36</u>	<u>N 36</u>
With Glasses	D.V	<u>6/6</u>	<u>6/6</u>
	N.V	<u>N 6</u>	<u>N 6</u>

Power of Glasses / Contact Lenses  
R.E. +1.50/+2.00  
L.E. +1.50/+2.00

MUSCULO SKELETAL : NAD

SQUINT:-  
PRESENT      ABSENT

SKIN : NAD

IDENTIFICATION OF INDIVIDUAL COLOURS :-  
NORMAL       DEFECTIVE

GENITO-URINARY : NAD

ISHIHARA CHART :-  
NORMAL       DEFECTIVE

ANY OTHER: NAD

FIT FOR EMPLOYMENT      UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक

डॉ. आशिष जी. गुजराथी  
MBBS, D. Ortho., AFH  
कारखाने अधिनियम 1948 च्या कलम  
10 (2) प्रमाणे पुणे जिल्हा कार्यालय  
दिनांक 2 DEC 2020 पासुन दिनांक  
1 DEC 2022 पर्यंत प्राधिकृत प्रमाणक  
शल्यचिकित्सक क्र. ACS24-AG/2020

Signature & Stamp of Certifying Surgeon

FITNESS SLIP (To Be Issued By TML doctors)

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <u>11/2/22</u>	Name:- <u>Shelar N. Pandurang</u>	Date of birth (जन्म तारीख) <u>1995</u> AGE: YEARS	Contractor Name <u>Krystal Ind.</u>
I care health solutions, shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwadi :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar, C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445



**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरवयाची माहिती)**

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/> NO	HEART DISEASE (हृदय रोग) <input type="checkbox"/> NO
T.B (क्षय) <input type="checkbox"/> NO	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/> NO
EPILEPSY (फिटस) <input type="checkbox"/> NO	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/> NO
FRACTURE (अस्थीभंग) <input type="checkbox"/> NO	OPERATION (शस्त्रक्रिया) <input type="checkbox"/> NO
POLIO (पोलीओ) <input type="checkbox"/> NO	DEAF/ DECREASED HEARING (कर्ण बधीर) <input type="checkbox"/> NO
DUMB (मुक बधिर) <input type="checkbox"/> NO	LOSS OF VISION/DECREASED VISION (दृष्टी दोष) <input type="checkbox"/> NO
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/> NO	IDENTIFICATION MARK (जन्म खूण) -

Taking regular medication for illness  
If yes, please give details: No any need

Signature of candidate

Height <u>162</u> Cms Weight <u>71</u> Kgs BMI: <u>28.3</u> Waist/ hip ratio: <u>0.85</u>	<b>CLINICAL EXAMINATION</b> Build : <u>overweight</u> NAILS: <u>@</u> PULSE : <u>92</u> BP : <u>140/80</u> mm Hg CVS : <u>@</u> RS : <u>@</u> PA : <u>@</u> MUSCULO SKELETAL : <u>@</u> SKIN : <u>@</u> GENITO-URINARY : <u>@</u> ANY OTHER: <u>डॉ. अश्विनी. तुळशी</u> MBBS, D. Ortho. AFIH
<b>VISION</b> Without Glasses D.V 6/ 6 6/ 6 N.V N 6 N 6 With Glasses D.V 6/ 6/ N.V N N Power of Glasses / Contact Lenses	
SQUINT:- PRESENT ABSENT	
IDENTIFICATION OF INDIVIDUAL COLOURS:- NORMAL DEFECTIVE	
ISHIHARA CHART :- NORMAL DEFECTIVE	
FIT FOR EMPLOYMENT UNFIT	

प्रधिकृत प्रमाणक शल्यचिकित्सक डॉ. अश्विनी. तुळशी  
10 (2) प्रमाणे पुणे जिल्हाकरिता  
दिनांक 2 DEC 2020 पासुन दिनांक  
1 DEC 2022 पर्यंत प्राधिकृत प्रमाणक  
Signature & Stamp of Certifying Surgeon 2024-AG/2020

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <b>11/2/22</b>	Name:- <b>Nishant Girme</b>	Date of birth (जन्म तारीख) AGE: <b>31</b> YEARS	Contractor Name
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwadi :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar , C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445

**TO BE FILLED IN BY THE CANDIDATE (उमेदवारने भरवयाची माहिती)**

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/> NO	HEART DISEASE (हृदय रोग) <input type="checkbox"/> NO
T.B (क्षय) <input type="checkbox"/> NO	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/> NO
EPILEPSY (फिटस) <input type="checkbox"/> NO	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/> NO
FRACTURE (अस्थीभंग) <input type="checkbox"/> NO	OPERATION (शस्त्रक्रिया) <input type="checkbox"/> NO
POLIO (पोलीओ) <input type="checkbox"/> NO	DEAF/ DECREASED HEARING (कर्ण बधीर) <input type="checkbox"/> NO
DUMB (मुक बधिर) <input type="checkbox"/> NO	LOSS OF VISION/DECREASED VISION (दृष्टी दोष) <input type="checkbox"/> NO
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/> NO	IDENTIFICATION MARK (जन्म खूण) <input type="checkbox"/> NO

<input type="checkbox"/> NO
<input type="checkbox"/> NO
<input type="checkbox"/> NO
<input type="checkbox"/> NO
<input type="checkbox"/> NO
<input type="checkbox"/> NO



*(Handwritten signature)*

Taking regular medication for illness

if yes, please give details: **NO any illness**

Signature of candidate

Height **165** Cms  
Weight **81** Kgs  
BMI: **29.8**  
Waist/ hip ratio: **0.80**

**CLINICAL EXAMINATION**

Build : **overweight** NAILS: **(n)**  
PULSE : **93**  
BP : **130/80** mm Hg  
CVS : **(n)**  
RS : **(n)**  
PA : **(n)**  
MUSCULO SKELETAL : **(n)**  
SKIN : **(n)**  
GENITO-URINARY : **(n)**

VISION			
Without Glasses	D.V	6/6	6/6
	N.V	N6	N6
With Glasses	D.V	6/6	6/6
	N.V	N6	N6
Power of Glasses / Contact Lenses	R+	-0.25	
	L+	-0.50	

SQUINT:- PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS :-  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

ANY OTHER: **डॉ. जयजी. गुठोथी**  
प्रधिकृत प्रमाणक शल्यचिकित्सक  
पुणे जिल्हास्वास्थ्य विभाग  
पुणे शहर  
Signature & Stamp of Certifying Surgeon

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- 11/12/22	Name:- Prakashant Jagtap	Date of birth (जन्म तारीख) AGE: 38 YEARS	Contractor Name
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Pune No:- Dr Naikwadl :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Jhoney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar , C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445

**TO BE FILLED IN BY THE CANDIDATE ( उमेदवाराने भरवयाची माहिती )**

PAST & PRESENT ILLNESS ( पूर्वीचे व सध्याचे आजार ) WRITE YES OR NO ( होय किंवा नाही लिहावे )

ASTHAMA (दमा) <input type="checkbox"/> NO	HEART DISEASE (हृदय रोग) <input type="checkbox"/> NO
T.B (क्षय) <input type="checkbox"/> NO	MAJOR INJURIES ( मोठ्या जखमा ) <input type="checkbox"/> NO
EPILEPSY (फिटस) <input type="checkbox"/> NO	PSYCHIATRIC ILLNESS ( मानसिक आजार ) <input type="checkbox"/> NO
FRACTURE (अस्थीभंग) <input type="checkbox"/> NO	OPERATION ( शस्त्रक्रिया ) <input type="checkbox"/> NO
POLIO (पोलीओ ) <input type="checkbox"/> NO	DEAF/ DECREASED HEARING ( कर्ण बधीर ) <input type="checkbox"/> NO
DUMB ( मुक बधिर ) <input type="checkbox"/> NO	LOSS OF VISION/DECREASED VISION ( दृष्टी दोष ) <input type="checkbox"/> NO
Any illness since birth ( जन्मापासुनचे आजार ) <input type="checkbox"/> NO	IDENTIFICATION MARK ( जन्म खुण ) <input type="checkbox"/> NO



Taking regular medication for illness

If yes, please give details: NO any illness

*[Signature]*  
Signature of candidate

Height 167 Cms  
Weight 71 Kgs  
BMI: 25.5  
Waist/ hip ratio: 0.80

VISION			
Without Glasses	D.V	6/ 6	6/ 6
	N.V	N 6	N 6
With Glasses	D.V	6/	6/
	N.V	N	N
Power of Glasses / Contact Lenses			

SQUINT:- PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS :-  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

**CLINICAL EXAMINAION**

Build : overweight NAILS: (n)

PULSE : 93

BP : 130/90 mm Hg

CVS : (n)

RS : (n)

PA : (n)

MUSCULO SKELETAL : (n)

SKIN : (n)

GENITO-URINARY : (n)

ANY OTHER: (n)

FIT FOR EMPLOYMENT  UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक  
*[Signature]*  
Signature & Stamp of Certifying Surgeon

FITNESS SLIP (To Be Issued By TML doctors)



**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS -PUNE**

DATE:- <u>9/12/22</u>	AGE: <u>30</u> YEARS	Date Of Birth : <u>20/3/1992</u>
Contractor Name: <u>K.S India</u>	Candidate Name : <u>Sandesh phadture</u>	
I CARE HEALTH SOLUTIONS, Shop no 12, Morya Business Complex, Besides Rotary Club, Behind HP Petrol Pump, Near Regent Hotel, Thermax Chowk, Chinchwad-411019 Dr. Naikwadi :- (M) 7387783239 Ph.No.020-69333733 Mrs. Rupali Naikwadi - (M) 8796319350	2. Dr. Vaibhav Chakurkar, C/o Dr. Suhas Kantikar clinic, near janta Sahakari bank, telegaon station. Ph no.- 9373069445	

TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)

PAST & PRESENT ILLNESS (पुर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा)	<input type="checkbox"/> NO	HEART DISEASE (हृदय रोग)	<input type="checkbox"/> NP
T.B (क्षय)	<input type="checkbox"/> NO	MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/> NP
EPILEPSY (फिटस)	<input type="checkbox"/> NO	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/> NP
FRACTURE (अस्थीभंग)	<input type="checkbox"/> NO	OPERATION (शस्त्रक्रिया)	<input type="checkbox"/> NO
POLIO (पोलीओ)	<input type="checkbox"/> NO	DEAF / DECREASED HEARING (मुक बधिर)	<input type="checkbox"/> NO
Dumb (मुक बधिर)	<input type="checkbox"/> NP	LOSS / DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/> NO
Any illness since birth (जन्मापासुनचे आजार)	<input type="checkbox"/> NP	IDENTIFICATION MARK (जन्म खूण).....	

made on R hand



Taking regular medication for illness (If yes, please give details)..... NO

(उमेदवाराची सही)  
Signature of Candidate

Authorized Signature of Contractor & Stamp

Height 164 Cms  
Weight 70.5 Kgs  
BMI : 26.2  
Waist / hip ratio: 85/96 = 0.87

CLINICAL EXAMINATION

BUILD : (M) NAILS : (M)  
PULSE : 87 /min  
BP : 132/77 mm Hg  
CVS : S1S2M  
RS : A+B6 clear  
PA : SOFT M+  
MUSCULO SKELETAL :  
SKIN :  
GENITO- URINARY : 1 NAD  
ANY OTHER: NO

VISION :

		RT EYE	LT EYE
Without Glasses	D.V	6/ 6	6/ 6
	N.V	N 6	N 6
With Glasses	D.V	6/	6/
	N.V	N	N
Power of Glasses / Contact Lenses			

SQUINT : PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक

डॉ. सोनाली विकास सावंळें MBBS.D.C.P.A.F.I.H  
कारखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे  
पुणे जिल्हाकरिता दिनांक २६/०३/२०२१ पासुन २५/०३/२०२३  
पर्यंत प्राधिकृत प्रमाणक शल्य चिकित्सक क्र. ACS24-SS/2016

Signature & Stamp of Certifying Surgeon :

FITNESS SLIP (To Be issued By TML Doctors)

FIT / UNFIT

Signature & Stamp of TML Doctor

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS -PUNE**

DATE:- 14 Jun 2022	AGE: 37 YEARS	Date Of Birth : 1985
Contractor Name: K.S. Indig	Candidate Name : Sandeep Rarsaheb	
I CARE HEALTH SOLUTIONS, Shop no 12, Morya Business Complex, Besides Rotary Club, Behind HP Petrol Pump, Near Regent Hotel, Thermax Chowk, Chinchwad-411019 Dr. Naikwadi :- (M) 7387783239 Ph.No.020-69333733 Mrs. Rupali Naikwadi - (M) 8796319350	2. Dr.Vaibhav Chakurkar, C/o Dr.Suhas Kantikar clinic, near janta Sahakari bank, telegaon station. Ph no.- 9373069445 <span style="float: right;">potghan</span>	

**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)**

PAST & PRESENT ILLNESS (पुर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा)	<input type="checkbox"/> NO	HEART DISEASE (हृदय रोग)	<input type="checkbox"/> NO
T.B (क्षय)	<input type="checkbox"/> NO	MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/> NO
EPILEPSY (फिटस)	<input type="checkbox"/> NO	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/> NO
FRACTURE (अस्थीभंग)	<input type="checkbox"/> NO	OPERATION (शस्त्रक्रिया)	<input type="checkbox"/> NO
POLIO (पोलीओ)	<input type="checkbox"/> NO	DEAF / DECREASED HEARING (मुक बघिर)	<input type="checkbox"/> NO
Dumb (मुक बघिर)	<input type="checkbox"/> NO	LOSS / DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/> NO
Any illness since birth (जन्मापासुनचे आजार)	<input type="checkbox"/> NO	IDENTIFICATION MARK (जन्म खण)	

MOLE on hand



Taking regular medication for illness (If yes, please give details)..... NO

<p align="center"><i>Potghan</i></p> <p>(उमेदवाराची सही) Signature of Candidate</p>	<p align="center">Authorized Signature of Contractor &amp; Stamp</p>
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Height 169 Cms	CLINICAL EXAMINATION		
Weight 79.5 Kgs	BUILD : <input checked="" type="radio"/> N	NAILS : <input checked="" type="radio"/> N	
BMI : 27.8	PULSE : 90 /min		
Waist / hip ratio: 89/103 - 0.8	BP : 132/90 mm Hg		
VISION :			
		RT EYE	LT EYE
Without Glasses	D.V	6/ 6	6/ 6
	N.V	N 6	N 6
With Glasses	D.V	6/	6/
	N.V	N	N
Power of Glasses / Contact Lenses			
SQUINT : PRESENT <input checked="" type="checkbox"/> ABSENT <input checked="" type="checkbox"/>			
IDENTIFICATION OF INDIVIDUAL COLOURS			
		NORMAL <input checked="" type="checkbox"/>	DEFECTIVE <input checked="" type="checkbox"/>
ISHIHARA CHART :-			
		NORMAL <input checked="" type="checkbox"/>	DEFECTIVE <input checked="" type="checkbox"/>
FIT FOR EMPLOYMENT <input checked="" type="checkbox"/>		UNFIT <input type="checkbox"/>	

MUSCULO SKELETAL :	
SKIN :	NAD.
GENITO- URINARY :	
ANY OTHER:	NO
प्रधिकृत प्रमाणक शल्यचिकित्सक	
<p align="center"><i>Gohel</i></p> <p align="center">Signature &amp; Stamp of Certifying Surgeon</p>	
<p align="center">डॉ. सोनाली विकास सावळे MBBS, D.C.P.A., F.I.H कारखाने आयुर्निष्ठम १९४८ च्या कलम १०(२) प्रमाणे पुणे जिल्हाकरिता दिनांक २६/०३/२०२१ पासून २५/०३/२०२३ पर्यंत प्राधिकृत प्रमाणक शल्य चिकित्सक क्र. ACS24-SS/2016</p>	

**FITNESS SLIP (To Be issued By TML Doctors)**

FIT / UNFIT

Signature & Stamp of TML Doctor

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <b>3/3/22</b>	Name:- <b>Santosh Shinde</b>	Date of birth (जन्म तारीख) AGE: <b>43</b> YEARS	Contractor Name <b>Kristal Sebi Andra Pvt Ltd.</b>
I care health solutions, shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwadi :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Jorney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar, C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445



**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरवयाची माहिती)**

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/> <b>NO</b>	HEART DISEASE (हृदय रोग) <input type="checkbox"/> <b>NO</b>
T.B (क्षय) <input type="checkbox"/> <b>NO</b>	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/> <b>NO</b>
EPILEPSY (फिटर) <input type="checkbox"/> <b>NO</b>	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/> <b>NO</b>
FRACTURE (अस्थीभंग) <input type="checkbox"/> <b>NO</b>	OPERATION (शस्त्रक्रिया) <input type="checkbox"/> <b>NO</b>
POLIO (पोलीओ) <input type="checkbox"/> <b>NO</b>	DEAF/ DECREASED HEARING (कर्ण बंधोर) <input type="checkbox"/> <b>NO</b>
DUMB (मुक बघिर) <input type="checkbox"/> <b>NO</b>	LOSS OF VISION/DECREASED VISION (दृष्टी दोष) <input type="checkbox"/> <b>NO</b>
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/> <b>NO</b>	IDENTIFICATION MARK (जन्म खुण) <input type="checkbox"/> <b>NO</b>

Taking regular medication for illness  
If yes, please give details: **No any medicine**

**Shinde**  
Signature of candidate

Height **162** Cms  
Weight **78** Kgs  
BMI: **29.7**  
Waist/ hip ratio: **0.90**

VISION			
Without Glasses	D.V	<b>6/6</b>	<b>6/6</b>
	N.V	<b>N 6</b>	<b>N 6</b>
With Glasses	D.V	<b>6/</b>	<b>6/</b>
	N.V	<b>N</b>	<b>N</b>
Power of Glasses / Contact Lenses			

SQUINT:-  
PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS :-  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

**CLINICAL EXAMINAION**

Build : **over weighter** NAILS: **N**  
PULSE : **100/min**  
BP : **120/80** mm Hg  
CVS : **N**  
RS : **N**  
PA : **N**

MUSCULO SKELETAL : **NAD**  
SKIN : **NAD**  
GENITO-URINARY : **NAD**  
ANY OTHER: **NAD**

**डॉ. आशिष जी गुजराथी**  
MBBS, D. Ortho., AFIH  
कारखाने अधिनियम 1948 च्या कलम 10 (2) प्रमाणे पुणे क्रि. ला. करिता  
दिनांक 2 DEC 2020 पासुन दिनांक 1 DEC 2022 पर्यंत प्राधिकृत प्रमाणक शल्यचिकित्सक क्र. ACS24-AG/2020

Signature & Stamp of Certifying Surgeon

FITNESS SLIP (To Be Issued By TML doctors)

**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS -PUNE**

DATE:- <u>25 Jun 2022</u>	AGE: <u>32</u> YEARS	Date Of Birth: <u>08/09/1990</u>
Contractor Name: <u>KS India</u>	Candidate Name: <u>Shriram Rajan Agasle</u>	
I CARE HEALTH SOLUTIONS, Shop no 12, Morya Business Complex, Besides Rotary Club, Behind HP Petrol Pump, Near Regent Hotel, Thermax Chowk, Chinchwad-411019 Dr. Naikwadi :- (M) 7387783239 Ph.No.020-69333733 Mrs. Rupali Naikwadi - (M) 8796319350	2. Dr. Vaibhav Chakurkar, C/o Dr. Suhas Kantikar clinic, near Janta Sahakari bank, telegaon station. Ph no.- 9373069445	

**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)**

PAST & PRESENT ILLNESS (पुर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा)	<input type="checkbox"/> NO	HEART DISEASE (हृदय रोग)	<input type="checkbox"/> NO
T.B (क्षय)	<input type="checkbox"/> NO	MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/> NO
EPILEPSY (फिटस)	<input type="checkbox"/> NO	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/> NO
FRACTURE (अस्थीभंग)	<input type="checkbox"/> NO	OPERATION (शस्त्रक्रिया)	<input type="checkbox"/> NO
POLIO (पोलीओ)	<input type="checkbox"/> NO	DEAF / DECREASED HEARING (मुक बधिर)	<input type="checkbox"/> NO
Dumb (मुक बधिर)	<input type="checkbox"/> NO	LOSS / DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/> NO
Any illness since birth (जन्मापासुनचे आजार)	<input type="checkbox"/> NO	IDENTIFICATION MARK (जन्म खुण).....	



MOLE on upper lip.

Taking regular medication for illness (If yes, please give details)..... NO

(उमेदवाराची सही)

Signature of Candidate

*Agasle*

Authorized Signature of Contractor & Stamp

Height 163 Cms  
Weight 77 Kgs  
BMI: 28.3  
Waist / hip ratio: 88/102 = 0.8

**CLINICAL EXAMINATION**

BUILD : (N) NAILS : (N)  
PULSE : 69 /min  
BP : 139/87 mm Hg  
CVS : S1S2(H)  
RS : AEBE clear  
PA : soft (M+)  
MUSCULO SKELETAL :  
SKIN : NAD  
GENITO- URINARY :  
ANY OTHER: NO

VISION :

		RT EYE	LT EYE
Without Glasses	D.V	6/ 6	6/ 6
	N.V	N 6	N 6
With Glasses	D.V	6/	6/
	N.V	N	N
Power of Glasses / Contact Lenses			

SQUINT :  PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS  
 NORMAL  DEFECTIVE

ISHIHARA CHART :-  
 NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक

*Agasle*

डॉ. सोनाली विकास साबळे MBBS, D.C.P.A.F.I.H  
कारखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे  
पुणे पिटह्यारचिटा दिनांक २६/०३/२०२१ पासून २५/०३/२०२३  
पर्यंत प्राधिकृत प्रमाणक शल्य चिकित्सक क्र. ACS24-SS/2016

Signature & Stamp of Certifying Surgeon :

FITNESS SLIP (To Be issued By TML Doctors)

FIT / UNFIT

Signature & Stamp of TML Doctor



**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <b>3/3/22</b>	Name:- <b>Tushar Patil</b>	Date of birth (जन्म तारीख) AGE: <b>18</b> YEARS	Contractor Name <b>Kristal Selbi Tech Pvt Ltd</b>
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Nalkwadl :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar , C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445



**TO BE FILLED IN BY THE CANDIDATE (उपेदवाराने भरवयाची माहिती)**

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/> <b>NO</b>	HEART DISEASE (हृदय रोग) <input type="checkbox"/> <b>NO</b>
T.B (शय) <input type="checkbox"/> <b>NO</b>	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/> <b>NO</b>
EPILEPSY (फिटस) <input type="checkbox"/> <b>NO</b>	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/> <b>NO</b>
FRACTURE (अखीर्भंग) <input type="checkbox"/> <b>NO</b>	OPERATION (शस्त्रक्रिया) <input type="checkbox"/> <b>NO</b>
POLIO (पोलीओ) <input type="checkbox"/> <b>NO</b>	DEAF/ DECREASED HEARING (कर्ण बधीर) <input type="checkbox"/> <b>NO</b>
DUMB (मुक बधिर) <input type="checkbox"/> <b>NO</b>	LOSS OF VISION/DECREASED VISION (दृष्टी दोष) <input type="checkbox"/> <b>NO</b>
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/> <b>NO</b>	IDENTIFICATION MARK (जन्म खूण) <input type="checkbox"/> <b>Distance &amp; Near</b>

Taking regular medication for illness  
If yes, please give details: **No any medicine**

**Signature of candidate**

<p>Heigh <b>187</b> Cms</p> <p>Weight <b>81</b> Kgs</p> <p>BMI : <b>23.2</b></p> <p>Waist/ hip ratio: <b>0.90</b></p>	<p align="center"><b>CLINICAL EXAMINAION</b></p> <p>Build : <b>N</b>      NAILS: <b>N</b></p> <p>PULSE : <b>77/min</b></p> <p>BP : <b>120/70</b> mm Hg</p> <p>CVS : <b>N</b></p> <p>RS : <b>N</b></p> <p>PA : <b>N</b></p> <p>MUSCULO SKELETAL : <b>NAD</b></p> <p>SKIN : <b>NAD</b></p> <p>GENITO-URINARY : <b>NAD</b></p> <p>ANY OTHER: <b>NAD</b></p>														
<p><b>VISION</b></p> <table border="1"> <tr> <td rowspan="2">Without Glasses</td> <td>D.V</td> <td><b>6/24</b></td> <td><b>6/24</b></td> </tr> <tr> <td>N.V</td> <td><b>N 36</b></td> <td><b>N 36</b></td> </tr> <tr> <td rowspan="2">With Glasses</td> <td>D.V</td> <td><b>6/6</b></td> <td><b>6/6</b></td> </tr> <tr> <td>N.V</td> <td><b>N 6</b></td> <td><b>N 6</b></td> </tr> </table> <p>Power of Glasses / Contact Lenses</p> <p>R.E. <b>+3.25 / -4.25</b></p> <p>L.E. <b>+3.50 / -4.25</b> +2.00</p>	Without Glasses	D.V	<b>6/24</b>	<b>6/24</b>	N.V	<b>N 36</b>	<b>N 36</b>	With Glasses	D.V	<b>6/6</b>	<b>6/6</b>	N.V	<b>N 6</b>	<b>N 6</b>	<p>SQUINT:- PRESENT <input type="checkbox"/>      ABSENT <input checked="" type="checkbox"/></p> <p>IDENTIFICATION OF INDIVIDUAL COLOURS :- NORMAL <input checked="" type="checkbox"/>      DEFECTIVE <input type="checkbox"/></p> <p>ISHIHARA CHART :- NORMAL <input checked="" type="checkbox"/>      DEFECTIVE <input type="checkbox"/></p> <p>FIT FOR EMPLOYMENT      UNFIT</p>
Without Glasses		D.V	<b>6/24</b>	<b>6/24</b>											
	N.V	<b>N 36</b>	<b>N 36</b>												
With Glasses	D.V	<b>6/6</b>	<b>6/6</b>												
	N.V	<b>N 6</b>	<b>N 6</b>												
<p align="center"><b>Signature &amp; Stamp of Certifying Surgeon</b></p> <p align="center"><b>डॉ. आशिष जी. गुजराथी</b> MBBS, D Ortho., AFIH कारखाने अधिनियम 1948 च्या कलम 10 (2) प्रमाणे पुणे जिल्हाकारिता दिनांक 2 DEC 2020 पासुन दिनांक 1 DEC 2022 पर्यंत प्राधिकृत प्रमाणक प्राधिकृत प्रमाणक क्र. ACS24-AG/2020</p>															

FITNESS SLIP (To Be Issued By TML doctors)

MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE



DATE:- 26/9/22	Name:- Nishal Katarke	Date of birth (जन्म तारीख) AGE: 28 YEARS	Contractor Name KRSI SEIBI INDIA P.M. LTD.
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwadi :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Johney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar, C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445

TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरण्याची माहिती)

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (रना)	<input type="checkbox"/> NO	HEART DISEASE (हृदय रोग)	<input type="checkbox"/> NO
T.B (क्षय)	<input type="checkbox"/> NO	MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/> NO
EPILEPSY (फिट्ट)	<input type="checkbox"/> NO	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/> NO
FRACTURE (अस्थीभंग)	<input type="checkbox"/> NO	OPERATION (शस्त्रक्रिया)	<input type="checkbox"/> NO
POLIO (पोलीओ)	<input type="checkbox"/> NO	DEAF/ DECREASED HEARING (कर्ण बंधीर)	<input type="checkbox"/> NO
DUMB (मुक बंधीर)	<input type="checkbox"/> NO	LOSS OF VISION/DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/> NO
Any illness since birth (जन्मापासुनचे आजार)	<input type="checkbox"/> NO	IDENTIFICATION MARK (जन्म च्छा)	



*Nishal Katarke*

Signature of candidate

Taking regular medication for illness  
If yes, please give details: no ant illness

Heigth: 164 Cms  
Weight: 70 Kgs  
BMI: 26.0  
Waist/hip ratio: 0.80

CLINICAL EXAMINATION

Build : overweight NAILS: (n)  
PULSE : 90  
BP : 130/90 mm Hg  
CVS : (n)  
RS : (n)  
PA : (n)  
MUSCULO SKELETAL : (n)  
SKIN : (n)  
GENITO-URINARY : (n)  
ANY OTHER: (n)

VISION			
Without Glasses	D.V	6/ 6	6/ 6
	N.V	N 6	N 6
With Glasses	D.V	6/	6/
	N.V	N	N
Power of Glasses / Contact Lenses			

SQUINT:-  
PRESENT  ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS:-  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT  UNFIT

प्रधिकृत प्रमाणक शल्यचिकित्सक

*Dr. Nishal Katarke*  
MBBS, D.Ortho., AFIH  
अभिनियम 1948 च्या अन्वये  
प्रमाण पुणे जिल्हाकारिता  
3 DEC 2020 पासुन दिनांक  
1 DEC 2022 पर्यंत प्राधिकृत प्रमाणक  
शल्यचिकित्सक क्र. ACS24-AG/2020

Signature & Stamp of Certifying Surgeon

FITNESS SLIP (To Be Issued By TML doctors)

FIT / UNFIT

Signature & Stamp Of TML Doctor





**MEDICAL CHECK-UP FOR CONTRACTOR  
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS-PUNE**

DATE:- <b>28/06/2022</b>	Name:- <b>Nakub Shaikh</b>	Date of birth (जन्म तारीख) AGE: <b>35</b> YEARS	Contractor Name <b>Kristal Seibt India</b>
I care health solutions , shop no 3 Morya business center, besides chetna hospital, behind HP petrol pumps, Near Regent Hotel, Tharmax chowk chinchwad Phone No:- Dr Naikwadi :- 7387783239, 9168493903	DR V P Joshi, Familycare, First floor, Kant Helix, Near Ramkrishna More Auditorium, Chinchwad, Pune 411033. Tel: 9922991096.	Lokmanya Medical Reserch center, Corporate Health Services. Lokmanya Hospital, 314/B, Telco Road, Chinchwad, Pune. Phone: 020-46606833, 64100181 Contact: Mr. Jhoney Swamy 8796422478 / 7028935004, Vikrant Jawale 9822261173	Dr Vaibhav Chakurkar , C/o Dr Suhas Kanitkars clinic, Near Janata Sahkari Bank, Talegaon Station, Ph No.9373069445



**TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरवयाची माहिती)**

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/> No	HEART DISEASE (हृदय रोग) <input type="checkbox"/> No
T.B (शय) <input type="checkbox"/> No	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/> No
EPILEPSY (फिटस) <input type="checkbox"/> No	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/> No
FRACTURE (अस्थीभंग) <input type="checkbox"/> No	OPERATION (शल्यक्रिया) <input type="checkbox"/> No
POLIO (पोलीओ) <input type="checkbox"/> No	DEAF/ DECREASED HEARING (कर्ण बधीर) <input type="checkbox"/> No
DUMB (मुक बधिर) <input type="checkbox"/> No	LOSS OF VISION/DECREASED VISION (दृष्टी दोष) <input type="checkbox"/> No
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/> No	IDENTIFICATION MARK (जन्म खुण) <input type="checkbox"/> No

Taking regular medication for illness

If yes, please give details: **No any medicine**

**Signature of candidate**

Height **180** Cms  
Weight **97** Kgs  
BMI: **29.9**  
Waist/ hip ratio: **0.90**

**CLINICAL EXAMINATION**

Build : **overweight** NAILS: **N**  
PULSE : **84/min**  
BP : **130/80** mm Hg  
CVS : **N**  
RS : **N**  
PA : **N**  
MUSCULO SKELETAL : **NAD**  
SKIN : **NAD**

**VISION**

Without Glasses	D.V	<b>6/6</b>	<b>6/6</b>
	N.V	<b>N 6</b>	<b>N 6</b>
With Glasses	D.V	<b>6/</b>	<b>6/</b>
	N.V	<b>N</b>	<b>N</b>

Power of Glasses / Contact Lenses

SQUINT:- PRESENT **ABSENT**

IDENTIFICATION OF INDIVIDUAL COLOURS :-  
NORMAL  DEFECTIVE

ISHIHARA CHART :-  
NORMAL  DEFECTIVE

FIT FOR EMPLOYMENT **UNFIT**

GENITO-URINARY : **NAD** डॉ. आशिष जी. गुजराती  
MBBS, D.Ortho., AFIH  
कारखाने अधिनियम 1948 च्या कलाम  
10 (2) प्रमाण पुर्ण जिल्हाकारिता  
दिनांक 2 DEC 2020 पासुन दिनांक  
1 DEC 2022 पर्यंत प्राधिकृत प्रमाणक  
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Signature & Stamp of Certifying Surgeon