

..CERTIFICATE OF MEDICAL EXAMINATION [(See rule
250(c)]
FORM XXVIII

Certificate Serial no: - GH 2023 Date: 04/12/2023
Worker full name: - ... Martand Kewalkar
Father / Husband name: - ... Mahadeo Kewalkar
Date of birth (As per ID proof):- 1/1/1997 Age - 26 Years.
Identification mark on body: - NO MARK
Sex: - Male / Female Marital status: - Single / Married: Blood Group: "A" +
Trade: skilled / unskilled / operator:-

Temporary address: PUNE

Permanent Address:..... Akola 444302

Personal history: - Alcohol/ Tobacco /Smoking NAD

Past History: - Allergy /Asthma / Skin Diseases / T.B / D. M / H.T / Arthritis / IHD / Cancer /
Surgery / Mental stress / Paralysis / Any other / Nil. NIL

Physical fitness:-

Height: 164 CMS Weight: 56 KG Chest: (regular/Expanded) 32/34
Pulse / BPM: 79 / MIN Respiratory system: NORMAL Eye vision: NORMAL

BP: 110 / 80 MMHG

I hereby certify that I have personally examined (Name) MARTAND Son /
daughter/wife of MAHADEO and he is medically fit / unfit, to
work in the building and construction work at PUNE

Reason for refusal of certificate: -

Remark: FIT TO WORK

Signature / Left hand thumb

Dr. Ketan Gupta
M.B.B.S., MS. (Orthopaedics)
Reg. No.-2010102974

Signature with seal

