



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 18/7/22

To Whom It May Concern Shahid Akhaseem

This is certify that _____ of _____

Id. 226/2

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 18/7/22 at 1:13pm.

Above mention person medically fit and not having any medical disease and covid - 19 symptoms.

SpO₂: - 98%
PR: - 74/min.
Temp: - 34.9°
B.P. 119/75 mmHg

Farooq Medical officer
MBBS, DCH, AFPH
Reg.No. OH 1082804

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad





ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 18/11/22

To Whom It May Concern Nishora Lohande.

This is certify that ----- of -----

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj
, Aurangabad. On 18/11/22 at 1:10 pm.

Above mention person medically fit and not having any medical disease and covid -
19 symptoms.

SP02 :- 97
PR :- 70-80
TEMPs :- 35.0
BP :- 110/68


DR. AMIT KOTNARPAL
Factory Medical officer
Aurangabad, 2001082804

OHC

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

②



Annexure : Self-Declaration Form (Frequency Weekly/After Leave)

Name of the person: श्री. रवि शर्मा Date: 21/07/22
 Employee No.: Age: 26 yrs. months Sex: M
 Mobile No.: 72 76 725757 M/F: M
 E-mail ID: Address: Ranjanae Aurangabad

Sr. No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
1	Do you have symptoms of any of the following ?			
	Fever		<input checked="" type="checkbox"/>	
	Cough/sneezing/ Sore throat		<input checked="" type="checkbox"/>	
	Diarrhoea		<input checked="" type="checkbox"/>	
	Loss of sense of smell/ taste		<input checked="" type="checkbox"/>	
	Myalgia (Pain in muscle)/ Body Pain		<input checked="" type="checkbox"/>	
2	Have you travelled outside the country in past 30 days?		<input checked="" type="checkbox"/>	If yes mention the countries
3	Has anyone from your family /close contact travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries
4	Have you/ any of your family members travelled inside India to other cities in past 15 days?		<input checked="" type="checkbox"/>	If yes mention the cities
5	Has any person in your close contact been tested positive for covid-19 in past two weeks ?		<input checked="" type="checkbox"/>	
6	Have you and/or any your family member visited a health care facility/doctor in past two weeks ?		<input checked="" type="checkbox"/>	
7	Have you/ any family member been kept in/advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient?		<input checked="" type="checkbox"/>	
8	Are you are living in a containment/micro containment zone or has your area/society been sealed in past 28 days by the government agencies?		<input checked="" type="checkbox"/>	
9	Are you suffering from co-morbidities or any high risk disease i.e. (Asthma, Heart Problem, cancer etc.) ?		<input checked="" type="checkbox"/>	
10	Have you downloaded & using Aarogya Setu App?	<input checked="" type="checkbox"/>		

Declaration:
 The above information is true to the best of my knowledge. I understate that withholding any information is unethical and against the interests of the global population fighting this pandemic.

Name & Sign of person: श्री. रवि शर्मा शर्मा मोहान

PAINTRIX
 Proprietor
 DR. AMIT KOTHARI
 MBBS, DCH, AFPH
 Reg. No. 1082804
 21/7/22

SPO2 - 96%
 PR - 90/min
 Te - 36.5°
 BP - 110/70
 mmHg

MP




Annexure I
ENDURANCE TECHNOLOGIES LTD.
Contract Worker's Job Fitness Assessment

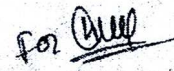
Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	मोसींग कुरेडा	
२.	वय	२६ वर्ष	
	जन्मतारीख	०१/०९/१९९६	
३.	शिक्षण	५वी	
४.	ट्रेड	—	
५.	रुजू होण्याची तारीख	२१/०७/२२	
६.	कॉन्ट्रॅक्टरचे नाव	पेटीकॉन्ट्रॅक्टर (पेटीकॉन्ट्रॅक्टर)	
७.	मागील कामाचा अनुभव	५ वर्ष	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	—	
९.	कामासाठी मेडिकल फिटनेस	आहे	
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	९५२३५५७१५६९	९५२३५५७१५६९
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	हो	

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.		
PPE's required and given		


Supervisor Sign.


Sign of HSE


Sign of User Dept. Head

PAINTRIX


Proprietor

Annexure : Self-Declaration Form (Frequency Weekly/After Leave)

Name of the person: श्री. रविशंकर शर्मा Date: 21/07/22
 Employee No.: _____ Age: 26 yrs. _____ months Sex: M
 Mobile No.: 7276725757 M/F: M Address: Ranjanae Aurangabad
 E-mail ID: _____

Sr. No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
1	Do you have symptoms of any of the following ?			
	Fever		<input checked="" type="checkbox"/>	
	Cough/sneezing/ Sore throat		<input checked="" type="checkbox"/>	
	Diarrohea		<input checked="" type="checkbox"/>	
	Loss of sense of smell/ taste		<input checked="" type="checkbox"/>	
	Myalgia (Pain in muscle)/ Body Pain		<input checked="" type="checkbox"/>	
2	Difficulty in breathing		<input checked="" type="checkbox"/>	
	Have you travelled outside the country in past 30 days?		<input checked="" type="checkbox"/>	If yes mention the countries
3	Has anyone from your family /close contact travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries
	Have you/ any of your family members travelled inside India to other cities in past 15 days?		<input checked="" type="checkbox"/>	If yes mention the cities
4	Has any person in your close contact been tested positive for covid-19 in past two weeks ?		<input checked="" type="checkbox"/>	
5	Have you and/or any your family member visited a health care facility/doctor in past two weeks ?		<input checked="" type="checkbox"/>	
6	Have you/ any family member been kept in/ advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient?		<input checked="" type="checkbox"/>	
7	Are you are living in a containment/micro containment -zone or has your area/society been sealed in past 28 days by the government agencies?		<input checked="" type="checkbox"/>	
8	Are you suffering from co-morbidities or any high risk disease i.e. (Asthma, Heart Problem, cancer etc.) ?		<input checked="" type="checkbox"/>	
9	Have you downloaded & using Aarogya Setu App?	<input checked="" type="checkbox"/>		
10				

Declaration:
 The above information is true to the best of my knowledge. I understate that withholding any information is unethical and against the interests of the global population fighting this pandemic.

Name & Sign of person: श्री. रविशंकर शर्मा शर्मा

DR. AMIT KOTHARI
 MBBS, DGH, AFPH
 Reg. No. 2009082804

21/7/22

PAINTRIX
 Proprietor

SpO2 - 96%

PR - 90/min

Te - 36.5°

BP - 110/70

mmHg

MF