

Induction Record



Project Name:	Kohler India Pvt. Ltd.	ID No.:	280
Employee Name:	Rahul Ozaen		
Contractor Name:	B.M. Conspotech Pvt. Ltd.		
Category (Skilled / Un-Skilled)	Skilled		
Job Title:	Carpenter		
Present Address:	Shendra, MIDC, Vasundhara, G. S. Nagar, Palamuru, Jharkhand - 822222		
Permanent Address:	Tisibari, Post - Roll. P.S. Palamu, Palamu, Jharkhand - 822222		
Contact No:	91480959886		
Medical / Fitness Certificate Available (Yes/No):	Yes		
Contact number in case of emergency (next kin person in family)			
Name:	Sarpu Devi	Contact No:	9321275546
Relationship with Employee:	Wife		
Medical:	Please detail any special medical conditions about i.e. Bloodsugar, Diabetes, allergies, medication, night blindness etc if any;		
Site Specific Induction : Key Point to be Delivered:			
Key Points Delivered: Site Safety Rules, Site Logistics, Emergency Response Management, Usage of PPE, Welfare Facility, Working at height, Electricity safety, House Keeping, First Aid Facility, Work Permits, House keeping, Traffic Management, Occupational Health and Welfare measures. along with Do's & Don'ts etc.			
Site Specific Induction conducted by:	DANISH AHMED		Duration
			45 Minutes
Acknowledgement			
I hereby confirm, that I have been briefed on the Site Specific Hazards and Safety Rules, Emergency and Evacuation Procedures and Colliers Policies and Procedures relevant to this project. I agree to adhere to the policies and site safety rules outlined during the work place induction and will comply with any reasonable instruction given by site management or their representatives.			
Rahul Ozaen Inductees' Signature:		Date: 18/02/2024	
Note: Safety Induction to be carried out once the employee screened with & having the medical fitness certificate from Registered Medical Practitioner. General Induction to be carried out on on the first day of the employee joining and Job specific Induction to be carried out within one week of joining followed with regular training and punching to be done accordingly in the ID card. Site supervisor / Engineer is to ensure the workers are attended the job specific training within scheduled time period.			



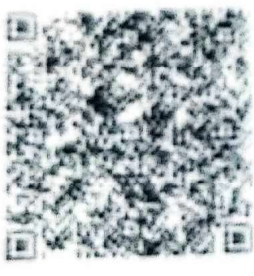
भारतीय चिह्नित प्रमाण प्रणाली
Union Identification Authority of India

पता:

S/O महेंद्र ठाकुर, गांव सिरोडार, पो नैम, थाना
पारन, रीम पलाय, झारखंड - 822123

Address

S/O Mahendra Thakur, Vill. Siroradar, Po. Naim,
Thana. Paran, Reim Palayam, Jharkhand - 822123



3051 6575 9279

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नाम: महेंद्र ठाकुर
पता: गांव सिरोडार, पो नैम, थाना
पारन, रीम पलाय, झारखंड - 822123

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Cont: Mustakim Khan
Design: Carpenter
Marital: Married.

Name of the Employee (k ma-%yaacaa naava) Rahul Ojaram Employee code.....

Nature of job / Department k amaacaa svar)pa ó ivaBaaga Birth date 04-03-2001

Date of joining 18-03-2024 Age 23 Mobile number 7486959886.....

Medical check up Self Declaration of Health

Aaraogya tapaasaNal à svataacaa Aaraogya inavaodna

Have you suffered from following Diseases/ illness/ Conditions?

taumhalaa dSa-ivalaolaa Kaalalla k aaNataahl Aajaar Aalaa Aaho k a óraoga óvyaaiQa Aahola k a?

You are in current trade foryears	Any changes Handwriting / Walking	yes/no
History of frequent Fever	Skin problem	yes/no
Addity/ Digestion problem	Any Urinary complaints	yes/no
Any Allegy/ Drug Reaction	Your Blood Group	
Eye Disease / Vision problem	Hernia/ Hydrocoele at present	yes/no
Ear disease	Any Mental worries	yes/no
Difficulty in hearing	Fits	yes/no
Tuberculosis	Do you get joint pain / Muscle problem	yes /no
Asthama dmaa haoya ónaahl	Cancer	yes/no
Do you get Brathlessness At Rest After lilltel work	Your work performan ce level	Steady
Respiratory Diseases	Abnormal Blood tests	yes/no
Heart disease/Blood pressure	Any addiction Tobacco, Smoking, Alcohol, Drugs	
Suffered from jaundice	Any other complaints	
Any dental problem	Suffered from corona	yes/no
	Covid Vaccination 1 st / 2 nd Dose	

I declare that the above information is true and correct to the best of my knowledge. I also give consent for my medical check upl all necessary investigations

Rahul Ojaram
SIGNATURE OF EMPLOYEE

DATE 18-03-2024

Name	Rahul Oraon	Age	23
Sex: M/F	Contact No	Birth Date	

History : Asthma / Skin Disease / TB/ Diabetes/ Arthritis/ ypertension (B P)
 Ischaemic heart disease/ Cacer/ Surgery/ Paralysis/ Fits Epilepsy/ Allergy
 Drug Allergy NIL

Height.5.3.cm	Ictens Yes/ No ✓	Clubing Yes/ No ✓	Blood pressure...../.....mmtg
Weight.55.kg	Temp	Cyanosis Yes/ No ✓	Ent Examinaton
pulse....23 Min	Fallor Yes/ No ✓	SPO2	

SYSTEMIC EXAMINATION

	Normal	Abnormal	Remarks
CVS	✓		
RS	✓		
Abdormen	✓		
CNS	✓		
Skin	✓		
Genitourinary	✓		
Oral Exam	✓		

OPHTHALMIC EXAMINATION :

		Right Eye	Left ye
Near Vision	With Glasses		
	Without Glasses	N/G	N/G
Distant Vision	With Glasses		
	Without Glasses	6/6	6/6

Color Vision : Normal / Abnormal

	Done Signature	EMPLOYEE SIGNATURE	
X-Ray	X		REPORTS INCLOSED
ECG	X		REPORTS INCLOSED
BLOOD	LP		REPORTS INCLOSED
URINE	X		REPORTS INCLOSED
AUDIOMETRY	LP		REPORTS INCLOSED

Remarks : Medical Advice NA

Impression: ~~HT~~/ UNFIT

I hereby declare that the informati n given is correct

Employee name and Signature :

Medical Examiner
 Surgeon
 Reg. No. 123456789