Form (where Rule 250 (c))
Certificate of Medical Examination

1	Cert. No:		Date: 14/5/2024	Job Profile: Helper	
2	Name: Ankit chauhan				
	Son of: Ramesh chauhan				
3	Identification Marks	AADHAR No. 2 6 2 3 1 7 2 3 9 6 2 7			
4	Father's Name: Ramesh chauhan				
5	Sex: Male / Female	Residence:			
6	B.O.D: Male 98%	Temperature:	°C 97F		
7	Date of birth if available 04/04/2004 and / or certificate of age # years				

General Physical& Systemic Examination :

resent complaints

ast H/O: Family H/O:

S : Pallor/ Oedema/ Lymphadenopathy/ Icterus / Clubbing / Cyanosis

S : Hypertension / Diabetes Mellitus / Allergy / Hernia / Hydrocele / Varicose

ins/Vertigo

Height	5.5 cms
Weight	52 kgs
Pulse	83 /min
BP	114/78 mmHg

S : NERE, Clear, No any adventitious sounds heard	Normal ✓	Abnormal	**Specs :**	Right Eye	Left Eye
VS : S-S, Heard, No murmur	Normal ✓	Abnormal	Distant	Normal	Normal
NS : conscious , Oriented, NAD	Normal ✓	Abnormal	Near	—	—
sculoskeletal : NAD	Normal ✓	Abnormal	Color	—	—
A : soft, no organo-megaly	Normal ✓	Abnormal	Other imp. finding		

Physical Fitness

ereby certify that, I have personally examined Ankit chauhan

son of Ramesh chauhan SRAMHACORP Site who is

spirous of being employed in building & construction work and that his / her age as nearly as can be ascertained

m myexamination is 20 years and that he / she is **UNFIT** / **FIT** for employment in

RAMHACORP BUSINESS PARK & THE COLLECTION as an adult /adolescent.

	Advice :
	Reason for -- (1) Refusal of certificate
	(2) Certificate being revoked

ignature / Left hand
umb impression of building worker

Ankit chauhan

Signature of Medical Examiner

Dr Birajdar Shrikant S
M.B.B.S
Reg. No M 2019053642

Note : 1. Exact details of cause of physical disability should be clearly stated
2. Functional /productive abilities should also be stated if disability is stated

Form (Rule Form 259 (c))
Certificate of Medical Examination

1	Cert No		Date	14/5/24	
2	Name	Mohit Singh	Sex Male		
	Son of			Merlan	
3	Identification Marks		AADHAR No.	7 9 3 1 5 2 5 9 0 5 3 9	
4	Father's Name	Jileedar Singh			
5	Sex	Male / Female	Residence		
6	SpO₂	Male 98%	Temperature	°C 97	
7	Date of birth if available	3/04/1998 and / or certificate of age is		years	

8. General Physical& Systemic Examination :

Present complaints :

Past H/O:

Family H/O

No : Pallor/ Oedema/ LN-pathy/ Icterus / Clubbing / Cyanosis

No : Hypertension / Diabetes Mellitus / Allergy / Hernia / Hydrocele / Varicose Veins/Vertigo

Height	5.5 cms
Weight	65 kgs
Pulse	90 /min
BP	120/72 mmHg

RS : AEBE, Clear, No any adventitious sounds heard	Normal ✓	Abnormal	Specs :	Right Eye	Left Eye
CVS : S₁S₂ Heard, No murmur	Normal ✓	Abnormal	Distant	Normal	Normal
CNS : conscious , Oriented, NAD	Normal ✓	Abnormal	Near	—	—
Musculoskeletal : NAD	Normal ✓	Abnormal	Color	—	—
P/A : soft, no organo-megaly	Normal ✓	Abnormal	Other imp. findings		

9 Physical Fitness

I hereby certify that, I have personally examined Mohit Singh son-of Jileedar Singh BRAMHACORP Sec who is desirous of being employed in building & construction work and that his / her age as nearly as can be ascertained from myexamination is 26 years and that he / she is UNFIT / FIT for employment in **BRAMHACORP BUSINESS PARK & THE COLLECTION** as an adult / adolescent.

10 **Advice :**

11 Reason for -- (1) Refusal of certificate

(2) Certificate being revoked

Signature / Left hand Thumb impression of building worker

Mohit Singh

Signature with Reg. No. Medical Inspector / C.M.O

Dr. Prashant Kumar Shukla M.B.B.S. Medical Officer

Note : 1. Exact details of cause of physical disability should be clearly stated.

2. Functional /productive abilities should also be stated if disability is stated.

Please Indicate Form Insp (iii)
Certificate of Medical Examination

...rt		Date	14/05/24
...ame	Jateen Chauhan	Date of Birth	Hardoi
...on of			
...entification Marks	AADHAR No.	4 3 6 8 0 6 2 1 9 3	
...ather's Name	Surendra Chauhan		
...ex	Male / Female	Pancharde	
...HO	male 98	Temperature	°C 97F
...ate of birth if available 24/04/2004 and / or certificate of age is ... years			

...eral Physical & Systemic Examination :

...e complaints :

...O

Family H/O:

...allor/ Oedema/ LN-pathy/ Icterus / Clubbing / Cyanosis

...ypertension / Diabetes Mellitus / Allergy / Hernia / Hydrocele / Varicose

...ertigo

Height	5.6 cms
Weight	55 kgs
Pulse	85 / min
BP	118/76 mmHg

...BE. Clear, No any adventitious sounds heard Normal ✓ Abnormal

...S-S1 Heard, No murmur Normal ✓ Abnormal

...conscious , Oriented, NAD Normal ✓ Abnormal

...ioskeletal NAD Normal ✓ Abnormal

...oft, no organo-megaly Normal ✓ Abnormal

Specs :	Right Eye	Left Eye
Distant	Normal	Normal
Near	—	—
Color	—	—
Other ms. finding		

...ysical Fitness

...by certify that, I have personally examined Jateen Chauhan

...son of Surendra Chauhan BRAMHACORP Sec who is

...us of being employed in building & construction work and that his / her age as nearly as can be ascertained

...nyexamination is 20 years and that he / she is **UNFIT** / **FIT** for employment in

...MHACORP BUSINESS PARK & THE COLLECTION as an adult / adolescent.

Advice :

Reason for -- (1) Refusal of certificate

(2) Certificate being revoked

...re / Left hand

...impression of building worker

Jateen Chauhan

Dr. Birajdar Shrikant S
M.B.B.S
Reg No. 2019053842

Signature of Medical Examiner

1. Exact details of cause of physical disability should be clearly stated.
2. Functional /productive abilities should also be stated if disability is stated.

Form (Rules Rule 250 (1))
Certificate of Medical Examination

Cert. No.		Date	14/05/24
Name	Gopal	Sex / Profile	Male
Son of			
Identification Marks		AADHAR No.	4 0 4 3 0 3 4 6 2 3
Father's Name	Samay bahadur		
Sex	Male / Female	Blood Group	
SpO₂	98%	Temperature	98°F
Date of birth, if available	01/07/2003	Age / or certificate of age is	years

General Physical & Systemic Examination :

Present complaints :

Past H/O

Pallor/ Oedema/ LN-pathy/ Icterus / Clubbing / Cyanosis

Hypertension / Diabetes Mellitus / Allergy / Hernia / Hydrocele / Varicose veins/Vertigo

Family H/O

Height	5.7 ft
Weight	58 kg
Pulse	82 /min
BP	110/70 mmHg

RS : AE BE, Clear, No any adventitious sounds heard	Normal ✓	Abnormal	Specs	Right Eye	Left Eye
CVS : S₁S₂ Heard, No murmur	Normal ✓	Abnormal	Distant	Normal	Normal
CNS : conscious , Oriented, NAD	Normal ✓	Abnormal	Near	—	—
Musculoskeletal : NAD	Normal ✓	Abnormal	Color	—	—
P/A : soft, no organo-megaly	Normal ✓	Abnormal	Other ms Trong		

g Physical Fitness

I hereby certify that, I have personally examined Gopal son of Samay bahadur SRAMHACORP Sq. who is desirous of being employed in building & construction work and that his / her age as nearly as can be ascertained from my examination is 21 years and that he / she is **UNFIT / FIT** for employment in **BRAMHACORP BUSINESS PARK & THE COLLECTION** as an adult workers.

10	**Advice :**
11	Reason for – (1) Refusal of certificate (2) Certificate being revoked

Signature / Left hand Thumb Impression of building worker

Gopal

Dr. Brajdar Shrikant S
Signature of Medical Officer
Reg. No. MH-19-3/443

Note :	1. Exact details of cause of physical disability should be clearly stated
	2. Functional /productive abilities should also be stated if deafness is stated

FORM (Rules Form 234 (c))
Certificate of Medical Examination

1	Cert No		Date	14/03/24	Job Profile: Helper
2	Name	Borse/o Sheshmani Chauhan			
	Son of				
3	Identification Marks		AADHAR No.	8 1 0 2 4 4 2 2 1 6 2	
4	Father's Name	Sheshmani Chauhan			
5	Sex	Male / Female	Residence		
6	SpO₂	98%	Temperature	98F	
7	Date of birth if available 24/12/1996 and / or certificate of age is years				

8. General Physical & Systemic Examination :

Present complaints :

Past H/O

Family H/O

No : Pallor/ Oedema/ LN-pathy/ Icterus / Clubbing / Cyanosis

No : Hypertension / Diabetes Melitus / Allergy / Hernia / Hydrocele / Varicose Veins/Vertigo

Height	5.8	Cms	
Weight	57	Kgs	
Pulse	82	/min	
BP	116/79	mmHg	

RS : AEBE, Clear, No any adventitious sounds heard	Normal ✓	Abnormal	Specs :	Right Eye	Left Eye
CVS : S1S2 Heard, No murmur	Normal ✓	Abnormal	Distant	Normal	Normal
CNS : conscious , Oriented, NAD	Normal ✓	Abnormal	Near	—/—	—/—
Musculoskeletal : NAD	Normal ✓	Abnormal	Color	—/—	
P/A : soft, no organo-megaly	Normal ✓	Abnormal	Other imp. finding		

9 Physical Fitness

I hereby certify that, I have personally examined Borse/o Sheshmani Chauhan son of Sheshmani Chauhan of BRAMHACORP Site who is desirous of being employed in building & construction work and that his / her age as nearly as can be ascertained from myexamination is 28 years and that he / she is **UNFIT** / **FIT** for employment in **BRAMHACORP BUSINESS PARK & THE COLLECTION** as an adult /adolescent.

10	**Advice :**
11	Reason for -- (1) Refusal of certificate (2) Certificate being revoked

Dr. Pirajdar Shrikant S
Reg. No. 2019053642

Signature / Left hand Thumb Impression of building worker

Signature with seal Medical inspector / C.M.O

Note :	1. Exact details of cause of physical disability should be clearly stated
	2. Functional /productive abilities should also be stated if disability is stated