

I CARE HEALTH SOLUTIONS

SHOP NO 12, MORYA BUSINESS COMPLEX, BEHIND HP PETROL PUMP, THERMAX CHOWK, CHINCHWAD-411019
Contact : 7387783239

MEDICAL HEALTH CHECK-UP PROFORMA

PERSONAL INFORMATION

NAME: Suraj Vithhal Pawar
CONTACT: 912418060
DESIGNATION/POST: Supervisor / Pushika Enterprises

DATE: 30 Oct 2022
AGE: 21 SEX: Male
COMPANY NAME: Rushika

CURRENT AND PAST MEDICAL HISTORY : TO BE Filled by candidate (Tick appropriate) YES / NO

| | | | | | | | | |
|----------|---------|--------|---------------|---------|--------|---------------------|---------|--------|
| POLIO | YES () | NO (X) | SURGERY | YES () | NO (X) | PSYCHIATRIC ILLNESS | YES () | NO (X) |
| ASTHAMA | YES () | NO (X) | ALLERGIES | YES () | NO (X) | HYPERTENSION (BP) | YES () | NO (X) |
| T.B | YES () | NO (X) | HEART DISEASE | YES () | NO (X) | DIABETES (SUGAR) | YES () | NO (X) |
| EPILEPSY | YES () | NO (X) | | | | | | |

IF YES THEN DETAILS

NO

OFFICIAL USE ONLY:

GENERAL EXAMINATION

HEIGHT: 170 CM
WEIGHT: 65.0 KG
PULSE: 90 /MIN
BP: 130/90 MMHG
LYMPH NODES: NO
HERNIA: YES () NO (X)
PHYMOSIS: YES () NO (X)
ANY OTHER: NO

EAR: RT: A LT: G
NOSE: NORMAL (X) ABNORMAL ()
THROAT: NORMAL (X) ABNORMAL ()
TEETH: NORMAL (X) ABNORMAL ()
NAILS: NORMAL () ABNORMAL ()
SKIN: NORMAL (X) ABNORMAL ()
IF ANY: NO
EYES: D.V.: RT: 6/ 6 LT: 6/6
N.V.: RT: N 6 LT: N 6
WITH GLASS / WITHOUT GLASS

BODY PARAMETERS:

1. BMI: 22.4
2. IDEAL Wt: 70 KG
3. HIP/WAIST RATIO: 0.8

SQUINT: NO
NYSTAGMUS: NO
COLOUR BLINDNESS: NO

SYSTEMIC EXAMINATION:

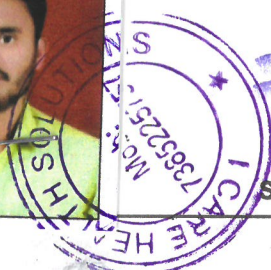
RESPIRATORY SYSTEM: Ausc clear
CENTRAL NERVOUS SYSTEM: Awake & oriented
CARDIO VASCULAR SYSTEM: S/S
ALIMENTARY SYSTEM: Soft (M)
MUSCULO-SKELETAL SYSTEM: NAD

FITNESS REMARK

I certify that I have examined Mr./Ms. Suraj Pawar Whose signature is given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defect which may interfere with his / her studies / work including the outdoor duties required of a professional. he / she is fit.

Signature of the Candidate :

S.V. Pawar



डॉ. धोंडीराम वि. क्षीरसागर
M.B.B.S., D.ORTHO, AFIH
(रजिस्टर्ड)
पुणे अधिनियम १९४८ च्या कलम १० (२) प्रमाणे
पुणे शिवाजी कालिदास डि ०२/१२/२०२० पासून
दि ०१/१२/२०२२ पर्यंत
राजिंकृत प्रमाणक शिवाजी कालिदास क्र. ACS24-DK/2018

STAMP & SIGNATURE OF CERTIFYING SURGEON



भारत सरकार
Government of India



सुरज विठ्ठल पवार
Suraj Vitthal Pawar
जन्म तिथि / DOB: 04/06/2001
पुरुष / Male

9472 9789 7522

12/12/2011

मेरा आधार, मेरी पहचान

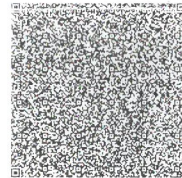


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

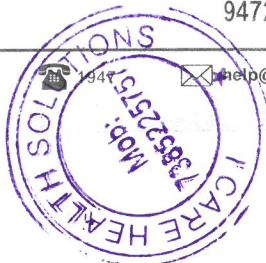


पता: S/O विठ्ठल पवार, समाज मंदिर, शिवाजी नगर, स्टेशन रोड,
अक्कलकोट, सोलापूर, महाराष्ट्र, ४१३२१६

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