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**MEDICAL CHECK-UP FOR CONTRACTOR
EMPLOYEES DESIROUS OF WORKING IN TATA MOTORS
PASSENGERS VEHICLES LTD - PUNE**

DATE:- 15/05/24 AGE: 34 YEARS Date Of Birth: 09/07/1990

Contractor Name: Vaishnavi Candidate Name: Madhav Uhogare

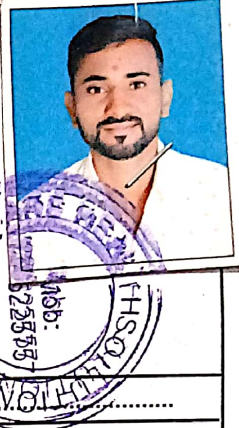
I CARE HEALTH SOLUTIONS, Shop No 12,13. Morya Business Complex, Besides Rotary Club, Pune, Behind HP Petrol Pump, G-block MIDC, Sambhajinagar, Chinchwad-411015
DR. NAIKWADI :- (M) 7387783239 / 8530372424

TO BE FILLED IN BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)

PAST & PRESENT ILLNESS (पुर्वीचे व सध्याचे आजार) WRITE YES OR NO (होय किंवा नाही लिहावे)

ASTHAMA (दमा) <input type="checkbox"/>	HEART DISEASE (हृदय रोग) <input type="checkbox"/>
T.B (क्षय) <input type="checkbox"/>	MAJOR INJURIES (मोठ्या जखमा) <input type="checkbox"/>
EPILEPSY(फिट्स) <input type="checkbox"/>	PSYCHIATRIC ILLNESS (मानसिक आजार) <input type="checkbox"/>
FRACTURE(अस्थीभंग) <input type="checkbox"/>	OPERATION (शस्त्रक्रिया) <input type="checkbox"/>
POLIO (पोलीओ) <input type="checkbox"/>	DEAF / DECREASED HEARING (मुक बधिर) <input type="checkbox"/>
Dumb (मुक बधिर) <input type="checkbox"/>	LOSS / DECREASED VISION(दृष्टी दोष) <input type="checkbox"/>
Any illness since birth (जन्मापासुनचे आजार) <input type="checkbox"/>	IDENTIFICATION MARK (जन्म खूण).....

Tattoo on (R) hand.



Taking regular medication for illness (If yes, please give details)..... NO

(उमेदवाराची सही)
Signature of Candidate

Griet

Authorized Signature of Contractor & Stamp

capule

Vaishnavi Enterprises
Pune 410507

Height 167 Cms
Weight 61.3 Kgs
BMI: 21.9
Waist / hip ratio: 83/98 = 0.8

VISION:

		RT EYE	LT EYE
Without Glasses	D.V	6/6	6/6
	N.V	6	6
With Glasses	D.V	6/6	6/6
	N.V	N	N
Power of Glasses / Contact Lenses			

SQUINT: PRESENT ABSENT

IDENTIFICATION OF INDIVIDUAL COLOURS

NORMAL DEFECTIVE

ISHIHARA CHART :-

NORMAL DEFECTIVE

BLOOD SUGAR RANDOM: (FBSL-R) 100

FIT FOR EMPLOYMENT UNFIT

CLINICAL EXAMINATION

BUILD : *A* NAILS : *A*

PULSE : 85/min

BP : 125/86 mm Hg

CVS : S1S2 *A*

RS : AEBE clear

PA : SOFT *A*

MUSCULO SKELETAL:

SKIN : / NAD

GENITO- URINARY :

ANY OTHER: NO

प्रधिकृत प्रमाणक शल्यचिकित्सक डॉ. धोंडीराम वि. क्षीरसागर
MBBS., D-ORTHO, A.I.F.H.
स्वाक्षरी
कारखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे
पणे जिःव्हाकरिता कालावधी दिनांक-१९ जुलै २०२३
पासून दिनांक-१९ जुलै २०२४
प्रधिकृत प्रमाणक शल्यचिकित्सक क्र. ACS24-DK/2018 -

Siddh

Signature & Stamp of Certifying Surgeon:

FITNESS-SLIP (To Be issued By TML Doctors)

FIT / UNFIT

Signature & Stamp of TML Doctor