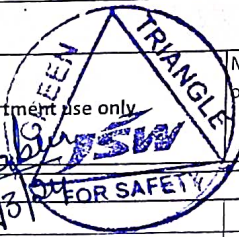




ECPL (Contractor Workmen) Registration Form (Other than JSW Steel)			
Name of the Company	EPSILON CARBON PVT LTD (ECPL)		
Gate Pass Validity	From	To	
Work Order No. & Expiry Date	No. 4500001773	Dt. 31/3/2024	
User Department	NSP		
Name of the Contractor/Agency	Rera process Teach.		
Workmen Name (As per Proof)	Kamlesh Kumar		
Designation/Nature of Work	Fitter		
Blood Group	A+ve / A-ve / B+ve / B-ve / O+ve / O-ve / AB+ve / AB-ve		
Nationality & Religion	Indian / Others (For Others, mention the Nation) & Indian		
Caste	SC / ST / OBC / General (Tick & Mention the Caste) OBC		
Date of Joining	07/04/2024	Date of Birth	01/10/1981
Gender	Male / Female	Marital Status	Un-Married / Married
Contact Number	6388955555		
Educational Qualification	10th		
Father Name	Sukhari		
Mother Name	Shantidevi		
Identity Marks :			
1			
2			
Documents to be enclosed as Proof of Photo Identity, Address & Date of Birth			
Aadhar Card	<input checked="" type="checkbox"/>	Passport	<input type="checkbox"/>
Bank Pass Book	<input checked="" type="checkbox"/>	Ration Card	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	Voter ID Card	<input type="checkbox"/>
Address	Present		Permanent
	Adash Nagar Toorangattu village		Bammampuri Bhagprath Pillibit Uttar Pradesh
Taluk	Sandur		Pranpur
District	Bellari		Pillibhit
State	Karnataka		Uttar Pradesh
Pin code			262122
Name and Address of the person to be contacted in case of an Emergency ? (Specify Relationship)			
Additional Information, if any :			
UNDERTAKING			
I hereby confirm that the information / statements given by me in this application form are true.			
Date :			
Place :	Toorangattu	Kamlesh (Signature of the Candidate)	[Signature] (Signature of the Contractor)
Verified & Certified by User Company			
Name:			Designation:
Email ID:			(Signature of Authorised Person)
Mobile No.:	Mr. _____ has undergone safety training		
For Safety Department use only			
Signature of Authorised Signatory			
For Registration Desk use only			
Card Number	2013		
Data Entered By	Name:	Signature:	Date:
Checked By	Name:	Signature:	Date:
Note: 1. Original proof to be shown during Enrolment. 2. If any changes in the above information, requested to update at Registration Centre.			



Jindal Sanjeevani Multi-Speciality Hospital

Vittal Nagar - 583 123, Toranagallu, Sandur (Tq.),
Maddur (Dist.) Ph.: +91 08395-242098 / 242099.
Email : jsh@jsw.in



7564924

PRE-EMPLOYMENT MEDICAL EXAMINATION CERTIFICATE

This is to certify that Mr./Mrs. Kamlesh Sahani, Age 21

S/o. / D.o Sukhari Sahani, Res. of _____ Mobile 6388955595

Contract / Company has been Examined by me on ECPH Renda process

and found to be having following particulars :

1. Height : 168 Cms

B.P. : 109/60 mmHg

2. Weight : 60 Kg

BMI :

Pulse : 71 bpm

Blood Group : A+ve

3. Vision : 6/6 NG
6/6 NG CV (N) Copy

PEF :

4. RS :

5. CVS :

107 FEB 2024

6. P/A : (N)

7. CNS :

Based on the above findings I am of the opinion that the said person is **FIT / UNFIT**.
This is for the kind information & needful action of the authorities concerned.

Place : Toranagallu

Date : 07-02-2024

(Signature)

Dr. M. Pradeep Kumar
Doctors Signature
Jindal Sanjeevani Multi-Speciality Hospital
P.O. Vittal Nagar, Sandur (Tq.), Maddur (Dist.)

FORM NO 4 - CERTIFICATE OF FITNESS

Karnataka Factory Rules 1969 [88-L (2)]

Name of the Factory	JSW STEEL LIMITED
Address	JSW Steel Ltd., Vidyanagar, Sandur Taluk, Ballari District, Karnataka, 583275.
Roll Number	

I certify that I have personally examined Kamlesh S. Sahani (NAME)
Sukari Sahani (FATHERS NAME)

Working at uttar pradesh (ADDRESS)

is desirous of being employed as Fitter (DESIGNATION)

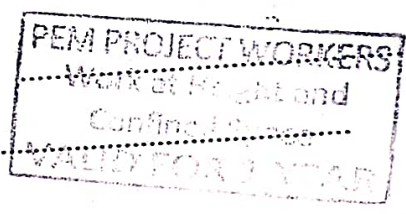
(PROCESS, DEPARTMENT AND FACTORY)

that his age, as nearly as can be ascertained from my examination is, years.

that he is, in my opinion, fit for employment in the above mentioned factory as mentioned above.

may be produced for further examination after a period of

serial number of the previous certificate is



7 FEB 2024

Kamlesh

Signature or left hand thumb

Impression of person examined

M
 Dr. M. PRADIP, MBBS, AFM
 Signature of factory medical officer
 Factory Medical Officer
 Date: 07/02/24
 Jindal Sanjivani Speciality Hospital
 P.O. Vijaya Vittal Nagar, INGL - 587

I Certify that I have Examined the person mentioned above on	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms observed during the examination	Signature of the certifying surgeon



भारत सरकार
Government of India



कमलेश कुमार
Kamlesh Kumar
जन्म तिथि / DOB: 01/01/2001
पुरुष / Male



4564 1283 9966

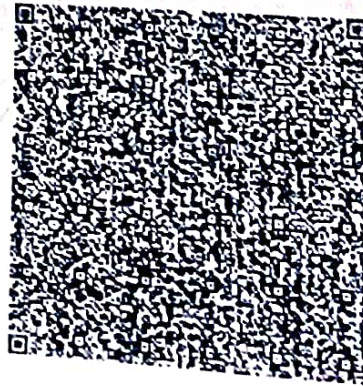
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

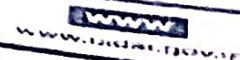
पता:
आत्मजा: सुखारी बामनपुरी भागीरथ पोस्ट शारदापुरी
पूरनपुर; पीलीभीत उत्तर प्रदेश 262122

Address;
D/O: Sukhari, Bammanpuri Bhagirath, Post
Shardapuri, Puranpur, Pilibhit, Uttar Pradesh
262122



QR Code with Photograph

4564 1283 9966





Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID: 266221224

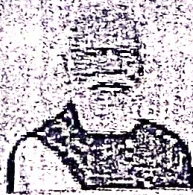
Beneficiary Details

Beneficiary Name / नाम: Karimkhan Bahari
 Age / उमर: 19
 Gender / लिंग: Male
 ID Number / आईडी नंबर: XXXXXXXX9956
 Unique Health ID (AHID):
 Beneficiary Reference ID: 36713370123127
 Vaccination Status / टीकाकरण स्थिति: Fully Vaccinated (2 Doses)

Vaccination Details

Vaccinated By / टीकाकरण किया: Jina Mandal
 Vaccination At / टीकाकरण स्थान: Shimulga SC, Purulia, West Bengal

Dose Number / डोज नंबर	Date of Dose / टीकाकरण तिथि	Vaccine Name / टीकाकरण का नाम	Batch Number / बैच नंबर	Vaccine Type / टीकाकरण प्रकार	Manufacturer / निर्माता
01	15 Oct 2021	Covishield	20210801	Covid-19 vaccine, mRNA (inactivated) type	Serum Institute of India Pvt. Ltd.
02	15 Nov 2021	Covishield	20210801	Covid-19 vaccine, mRNA (inactivated) type	Serum Institute of India Pvt. Ltd.

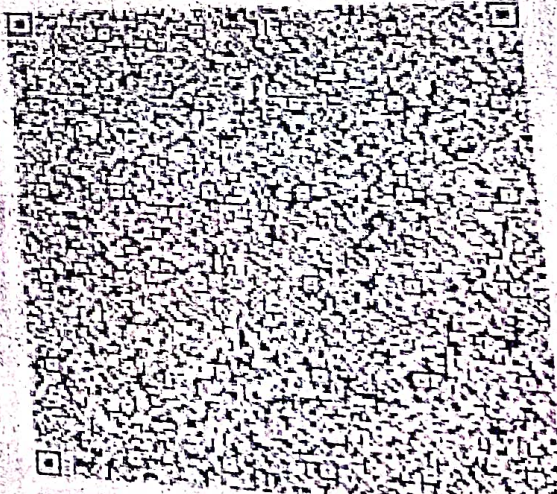


"साथ में जी, साथ में जी।"
 Together India will defeat
 COVID-19

- महात्मा जवाहर लाल नेहरू

Ministry of Health & Family Welfare, Government of India
 Health & Family Welfare Department, Government of India
 Health & Family Welfare Department, Government of India
 Health & Family Welfare Department, Government of India

COWIN



For more information, visit the COWIN website at www.cowin.gov.in

SBI

भारतीय स्टेट बैंक

STATE BANK OF INDIA

B H L COMPOUND

Code: 2592

Email: sbi.02592@sbi.co.in

Phone No.: 233276

IFSC: SBIN0002592

Buss. Hrs: 10:00:00-17:00:00
MICR: 262002421

Name: Mr. Kamlesh Sahani

S/D/H/O : SUKHARI SUKHARI

CIF Number : 91220019832

Account No.: 41988069940

A/c Type : REGULAR SAVINGS BANK ACCOUNT

Address : S/O: Sukhari, vamanapuri bhagirath post-
sharadapuri

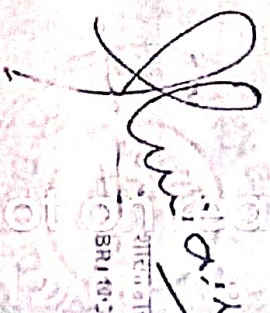
MOP: SINGLE
A/c Opening Dt: 09/06/2023
Nom Reg No:
Customer's PAN: PWRPS3342M
Date of Issue: 09/06/2023
FIRST

Paranpur

Phone No. :

Email :

D.O.B. (If Minor) :



भारतीय स्टेट बैंक
SBI 100-21

Member

Name: KAMLESH KUMAR

UAN/Previous Member	101711792597		
Name	KAMLESH KUMAR		
Date of joining	07-Feb-2024		
Gender	Male	Date of Birth	01-Jan-2001
(F)ather's/(H)usband's	SUKHARI (F)	Marital Status	Un-Married
Nationality	Indian		
Mobile	6388955595	e-Mail ID	—
Is International Worker	No		
Qualification	MATRIC	Monthly EPF Wages as on Joining	15000
Disability Type	No		
Member is from Assam, Meghalaya, Nagaland, Nepal	No		

Note : * means employee is not eligible to become the member of EPS 1995.

KYC Details Pending For Digital Signatory

SI No	KYC Document	Document Number	Name As Per Document	Document Information	Verification Status
1.	AADHAAR	XXXX XXXX 9966	KAMLESH KUMAR	—	VERIFICATION FAILED