

Adhar No = 236/45240920



Date: 13-01-24

Medical Examination Form

FORM XXVIII

See Rule 250 (c)

Name Of Persons :- Kunal Kumar Mathura Sal

Name Of Contractor :- Yuvrane Elite Engineering

1.	Age	21 year
2.	Sex	Male
3.	Height	5F 2"
4.	Weight	
5.	P/M/H	N/D Fracture and operation of Left elbow region
6.	L/Ex	No any major illness
7.	S/Ex	No any major illness
8.	ENT	No any abnormality
9.	OPHT	No any abnormality
10.	Identification Mark	Two black mole over left hand palmar region
11.	Physical Fitness	Fit

SPO2 - 99%
Temp - 97.2 OF
pulse - 84/min
B.P. = 122/74 mm of Hg.

I hereby certified that,

I have personally examined Kunal - M. Saluja

Being employment in Fabrication building & construction work & his/her age as nearly as can be ascertained from my examination is 21 years & he/she is

fit/unfit for employment in Fabrication building & construction work as an adult.

He has no any symptoms of Covid-19 at present

He is physically fit.

Signature/Thumb
Kunal Mathura

Signature with seal

Medical Inspector

DHANWANTARI CLINIC
Dr. GOSAVI A. K.
DHMS (CCH) Number CCMP (MUHS)
Reg. No. : 28892
Khandoba Mai, Bhosari, Pune-411 039.