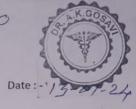
Adhar No = 236/45240920



Medical Examination Form

FORM XXVIII

See Rule 250 (c)

Name Of Persons: - Kinal Kamar Moethura Sal	
Name Of Contractor: YUCTane Elite Engineerin	9

1.	Age		
2.	Sex	21 year.	
3.	Height	male	
4.	Weight	5 F 211	
5.	P/M/H	10/ - 1 . 1 . 1 . 1 . 1	
6.	L/Ex	NO any mejor illness albert raging	
7.	S/Ex	No any meter illness albaca region	
8.	ENT	No ony mejorillness	
9.	OPTH	No any dinormality	
10.	Identification Mark	no ony denomonist	
11.	Physical Fitness	100 Blogs mole over left that palma	
		Two Blogs more over reditions palmar	

I hereby certified that,

Jours = 32, 1 012 bols = 34/min

I have personally examined Kingad -m. slaska.

Being employment in building & construction work & his/her age as nearly as can be ascertained form my examination is......2./........... years & he/she is

fit/unfit for employment in construction work as an adult. He has no my sympom of corrà - 19 cet present

He is physically fis.

Signature/Thumb

Signature with seal

Medical Inspector

DHANWANTARI CLINIC Dr. GOSAVIA. K. DHMS (CCH) Mumbel CCMP (MUHS)

Reg. No.: 29892 Khandoba Mai, Bhosari, Pune-411 039,