

FORM 7

(See Rule 18(7) and Schedules II, III, IV, VI, VIII, X, XI, XIII, XIV, XV, XVII, XVIII & XX to Rule 114)  
Health Register

(As per Section 14 of the Factories Act 1948 & Rule 18, Clause 7 of the Maharashtra Factories Rules 1963))

In respect of persons employed in occupations declared to be dangerous operation under Sec. 87,  
Name of Certifying Surgeon:

a) Mr. \_\_\_\_\_  
From \_\_\_\_\_  
b) Mr. **Dr. A. B. Band**  
From **MBBS, DPH, DCH, AFIM**  
Reg. No.: 48470  
c) Mr. **AUTHORISED CERTIFYING SURGEON FOR**  
From **Mumbai, Pune, Palghar**  
To \_\_\_\_\_

1	Sr. No.
2	Works No.
3	Name of Worker
4	Sex
5	Age (last Birthday)
6	Date Of Employment Of present Work
7	Date Of Leaving Or transfer To other Work
8	Reason For Leaving Transfer
9	Nature Of job Or Occupation
10	Raw Material Or bye Product Handled
11	Date Of medical Examination By Certifying Surgeon
	Results Of Medical Examination
12	If suspended from work, state period of suspension with detailed reasons.
13	Certified fit to resume duty on with signature of Certifying Surgeon
14	If certificate of unfitness or suspension issued to worker
15	Signature with date of Certifying Surgeon.

2  
1  
Tukaram Jagtap  
male  
36 yrs  
11/02/2024

Installation of Machine Filter


29/01/2024

Medicaly fit

No

Certified fit

No

  
11/02/24

**Dr. Atul Band**  
MBBS, DPH, DCH, AFIM  
Chetna Hospital  
Chinchwad Pune 19

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Reg. No.: 48470  
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From **Mumbai, Pune, Palghar**  
c) Mr. \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

3	1	Sr. No.
1	2	Works No.
Irfan Ansari	3	Name of Worker
male	4	Sex
24 yrs	5	Age (last Birthday)
01/02/2024	6	Date Of Employment Of present Work
	7	Date Of Leaving Or transfer To other Work
	8	Reason For Leaving Transfer
Installation of machine	9	Nature Of job Or Occupation
Welding Grinding	10	Raw Material Or bye Product Handled
29/01/2024	11	Date Of medical Examination By Certifying Surgeon
Medically fit		Results Of Medical Examination
No	12	If suspended from work, state period of suspension with detailed reasons.
Certified fit	13	Certified fit to resume duty on with signature of Certifying Surgeon
No	14	If certificate of unfitness or suspension issued to worker
	15	Signature with date of Certifying Surgeon.

  
29/01/2024

**Dr. Atul Band**  
MBBS, DPH, DCH, AFIM  
Chetna Hospital  
Chinchwad Pune 19  
As per Factory Act, 1948 Calam 10(2)

FORM 7

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From **MBBS, DPH, DCH, AFIM**  
c) Mr. \_\_\_\_\_  
From **Reg. No.: 48470**  
From **AUTHORISED CERTIFYING SURGEON FOR**  
From **Mumbai, Pune, Palghar**  
To \_\_\_\_\_

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2	Works No.
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	Results Of Medical Examination
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15	Signature with date of Certifying Surgeon.

4  
1  
Dattatray Bivane  
Male  
31 years  
11/01/2024

Machine Installation  
Assembly

29/01/2024

Medically fit  
No

Certified fit

No. NA

  
29/01/2024  
**Dr. Atul Band**  
MBBS, DPH, DCH, AFIM  
Chetna Hospital  
Chinchwad Pune 19

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Name of Certifying Surgeon:

a) Mr. Dr. A. B. Band  
From AUTHORISED CERTIFYING SURGEON  
Dist- Mumbai, Pune, Palghar

b) Mr. \_\_\_\_\_  
From \_\_\_\_\_  
To \_\_\_\_\_

c) Mr. \_\_\_\_\_  
From \_\_\_\_\_  
To \_\_\_\_\_

1	Sr. No.
2	Works No.
3	Name of Worker
4	Sex
5	Age (last Birthday)
6	Date Of Employment Of present Work
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	Results Of Medical Examination
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15	Signature with date of Certifying Surgeon.

5  
1  
Mr. D. Talwar Alam  
Male  
2 years  
01/01/2024

Machin Dye Station  
(Electrochrom)  
29/01/2024

Medicaly fit  
No  
Certified fit  
No



29/01/2024  
Dr. Atul Band  
MBBS, DPH, DCH, AFIM  
Chetna Hospital  
Chinchwad Pune 19  
As Per Factory Act- 1948 Calam 10(2)  
From 10/01/2023 To 09/01/2025

FORM 7

(See Rule 18(7) and Schedules II, III, IV, VI, VIII, X, XI, XIII, XIV, XV, XVII, XVIII & XX to Rule 114)

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a) Mr. Dr. A. B. Band  
From MBBS, DPH, DCO, AFIM  
b) Mr. Reg. No.: 48470  
From AUTHORISED CERTIFYING SURGEON FOR  
c) Mr. Mumbai, Pune, Palghar  
From \_\_\_\_\_ To \_\_\_\_\_

1	Sr. No.										
2	Works No.										
3	Name of Worker										
4	Sex										
5	Age (last Birthday)										
6	Date Of Employment Of present Work										
7	Date Of Leaving Or transfer To other Work										
8	Reason For Leaving Transfer										
9	Nature Of job Or Occupation										
10	Raw Material Or bye Product Handled										
11	Date Of medical Examination By Certifying Surgeon										
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	Results Of Medical Examination										
12	If suspended from work, state period of suspension with detailed reasons.										
13	Certified fit to resume duty on with signature of Certifying Surgeon										
14	If certificate of unfitness or suspension issued to worker										
15	Signature with date of Certifying Surgeon.										

C  
I  
Bhimrao Bawane  
male  
44 yrs  
01/02/2024

Installation Supervisor

25/01/2024

Medical fit  
No

Certified fit

No NA



Dr. Atul Band  
MBBS, DPH, DCH, AFIM  
Chetna Hospital  
Chinchwad Pune 19  
As Per Factory Act- 1948 Calam 10(2)

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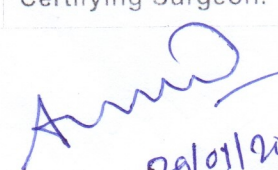
a) Mr. **Dr. A. B. Band**  
From **MBBS, DPH, DCH, AFIM** To \_\_\_\_\_  
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c) Mr. \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

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15	Signature with date of Certifying Surgeon.

1  
Prashant Choudhary  
male.  
42yr  
11/02/2024

Installation Machine  
Welding  
29/01/2024

Medically fit  
No  
Certified fit  
No

  
29/01/2024

**Dr. Atul Band**  
MBBS, DPH, DCH, AFIM  
Chetna Hospital  
Chinchwad Pune - 19  
As Per Factory Act- 1948 Calam 10(2)  
From 10/01/2023 To 09/01/2025  
Registered Certified Surgeon (Dist. Pune)  
Reg No. Acs 24 AB/2018