

Dr. Dinesh V
 Patil M.B.B.S.
 Reg.No.- 2013/05/1556.



PATIL HOSPITAL

MEDICAL FITNESS CERTIFICATE

Name: Mayur Santosh Kale (28y/ra)
 Address: Bajaj Nagar, Ch. Sambhajinagar
 City/State/Zip: _____
 Home Phone: _____ Cell Phone: 9403068035
 Email: _____

Provide the following details:

Weight	<u>63.7 kg</u>	Height	<u>5' 10"</u>	BP	<u>112/76 mm/Hg</u>
Blood Group	<u>B +ve</u>	Lungs	<u>NAD</u>	Heart	<u>NAD</u>
Vision	Left Eye: <u>6/6</u>	Right Eye: <u>6/6</u>	Details:		
Hearing	<u>NAD</u>	Any Impediment in Speech:		<u>No</u>	
Any Neurological / Psychiatric disease, (If yes, please give details).				<u>No</u>	
Any significant Disease Diagnosed in the past:				<u>No</u>	
Vaccinated (Yes/No/Partially):				<u>3 Jaleen</u>	
Taking any medicine on regular basis (If yes, please give details).				<u>No</u>	
Allergies If any:		<u>No</u>	Any Communicable / Contagious Disease:		<u>No</u>
Mark of identification:					

He has no symptoms of present Endurance
 I certify that I have examined Mr/Ms who is an applicant for _____ and could not notice that he / she has any physical or mental disease and is FIT for undertaking job.

Date: 23/08/24
 Place: Bajaj Nagar, Sambhajinagar

Patil
DR. DINESH V. PATIL
 (M.B.B.S. MD)
 Reg.No.- 2013/05/1556
 "PATIL HOSPITAL"
 Reg.No. 2013051556
 Jyotirling Complex, Bhawan Chowk
 Bajaj Nagar, Aurangabad-431136.

Dr. Dinesh V
 Patil M.B.B.S.
 Reg.No.- 2013/05/1556.



PATIL HOSPITAL

MEDICAL FITNESS CERTIFICATE

Name: Parvez Khan (23y/M)
 Address: Ranjungeon Sahay gym building,
 City/State/Zip: Ch. Sombhajinagar
 Home Phone: _____ Cell Phone: 8459843934
 Email: _____

Provide the following details:

Weight	84 kg	Height	5'8"	BP	114/76 mm Hg
Blood Group	Undersown	Lungs	NAD	Heart	NAD
Vision	Left Eye: -1.5	Right Eye: -1.5	Details:		
Hearing	NAD	Any Impediment in Speech:		No	
Any Neurological / Psychiatric disease, (if yes, please give details).				No	
Any significant Disease Diagnosed in the past:				No	
Vaccinated (Yes/No/Partially):				3 taken	
Taking any medicine on regular basis (if yes, please give details):				No	
Allergies If any:	No	Any Communicable / Contagious Disease:		No	
Mark of identification:					

He has no any symptoms at present
 Endurance

I certify that I have examined Mr/Ms who is an applicant for _____ and could not notice that he / she has any physical or mental disease and is FIT for undertaking job.

Date 23/08/24
 Place Ch. Sombhajinagar

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