

## MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. GAJANAN CHAUDHARI  
Son / Daughter ✓ of Shri PRAKASH CHAUDHARI aged  
✓ 22 Years, of Village: SUREWADI, JADHAVWADI P.O.  
HARSOOL (AURANGABAD) P.S .....  
Dist. AURANGABAD State MAHARASHTRA PIN 431001 ..... and certify that, he  
/ she is free from deafness, defective vision (including colour vision) or any other  
infirmity, mental or physical, likely to interfere with the efficiency of his / her work and  
found him / her possessing good health.

This certificate is being given to him / her for the purpose of VENDOR CODE IN  
ENDURANCE COMPANY.....

Gajanan  
Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: Warkad

Name of Medical Officer: Dr. GIRISH WARKAD

Registration No. 2009/07/2967

**Jr. Girish. B. Warkad**  
MBBS, DNB (Medicine)  
Consultant Physician  
Reg. no-2009/07/2967  
Seal

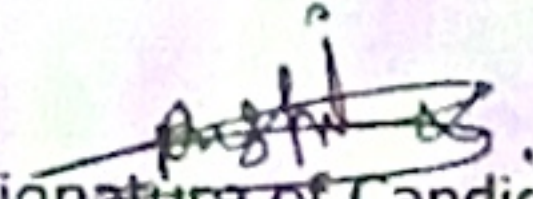
Dated: 21/08/24

**Note:** Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.

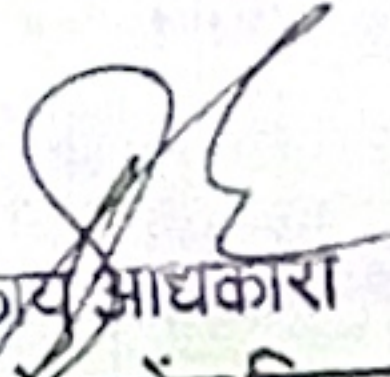
## MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / -Smt. Rushikesh hiwale  
Son / Daughter of Shri Ashok hiwale aged  
23 Years, of Village: Bidkin P.O.  
Bidkin P.S. B  
Dist. Sambhajinagar State Maharashtra PIN 431105 and certify that, he  
/ she is free from deafness, defective vision (including colour vision) or any other  
infirmity, mental or physical, likely to interfere with the efficiency of his / her work and  
found him / her possessing good health.

This certificate is being given to him / her for the purpose of Vendor card in  
insurance company.

  
Signature of Candidate

(To be signed in presence of the Medical Officer)

  
वैद्यकाय आधिकारी  
Signature of Medical Officer वैद्यकाय आधिकारी  
Name of Medical Officer: Dr. Blindia N. Arji  
त.प.जि. औरंगाबाद  
Registration No. 2015/05/2525

Dated: 21-8-24

Seal

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## MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. Kiran Sankh  
Son / Daughter of Shri Digambar Sankh aged  
32 Years, of Village: Karsul P.O.  
Karsul P.S.  
Dist. Sambhajinagar State Maharashtra PIN 431101 and certify that, he  
/ she is free from deafness, defective vision (including colour vision) or any other  
infirmity, mental or physical, likely to interfere with the efficiency of his / her work and  
found him / her possessing good health.

This certificate is being given to him / her for the purpose of Vendor code in  
Endurance company

Kiran  
Signature of Candidate

(To be signed in presence of the Medical Officer)

[Signature]  
वैद्यकीय अधिकारी  
Signature of Medical Officer: प्राथमिक आरोग्य केंद्र निलजगांव  
Name of Medical Officer: Dr. सुधीर नि. औरंगाबाद  
Registration No. 2015/05/2525

Dated: 21-8-24

Seal

**Note:** Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.