



Surya Hospital

8805861374 8668226412

Email: suryahospitalmoshi@gmail.com

Ghare Building, Gat No.306, Dehu-Alandi Road, Bharat Mata Chowk, Moshi, Tal.Haveli, Dist. Pune. 412105.

Date: / / 20

Date: / /

25/11/20

Medical Fitness Certificate

1) NAME:- Dhanraj Kumar

2) FATHER'S NAME:- Dhanraj Kumar 3) SEX:- male

4) Date of Birth if available and/or certificate date: 03/02/1999 24 YEARS

HT: 5ft 2 CM. WT: 58 Kg. BP: 120/70 Min. PULSE: 84 Min

5) P/M/H :- NO DM. NO MN. NO BA, NO H/O SURGERY. L

L/EX :- OK

S/EX :- OK

ENT :- OK

OPHT :- D.V.6/6

COLOUR VISION : NORMAL

6) Physical Fitness: fit for job/ Unfit.

Here by certify that I have personally examined,
Name:- Dhanraj Kumar son/daughter being employed in
industrial Work and that his/her age as nearly as can be ascertained from my Examination
is 24 Years and the he/she is fit for employment in industrial work in an
adult.

7) Reason for job joining at moshi (KNOWLAB)

1) Refusal of certificate _____ 2) Certificate being revoked _____

Signature / Left Hand Thumb

Impression of worker

Dhanraj Kumar

Name of Doctor : DR Prakash Bikkad

Signature of doctor: [Signature]

Seal: _____

DR. PRAKASH BIKKAD
M. B. B. S.

Reg. No. 2010/05/1894

NOTE:- 1.Exact details of course of physical disability should be clearly stated.

2. Function/productive abilities should also be stated if disability is stated.



Passion For Caring...

Surya Hospital

☎ 8805861374 ☎ 8668226412

Email.: suryahospitalmoshi@gmail.com

Ghare Building, Gat No.306, Dehu-Alandi Road, Bharat Mata Chowk, Moshi, Tal.Haveli, Dist. Pune. 412105.

Date : / / 20

Date: / /

Medical Fitness Certificate

25/11/20

1) NAME:- Ajay prasad

2) FATHER'S NAME:- Ajay prasad 3) SEX:- male

4) Date of Birth if available and/or certificate date: 09/10/2006 18 YEARS

HT: 5ft 3' CM. WT: 63 kg Kg. BP: 120/74 Min. PULSE: 78 Min

5) P/M/H :- NO DM. NO MN. NO BA, NO H/O SURGERY.

L/EX :- OK ✓

S/EX :- OK ✓

ENT :- OK ✓

OPTH :- D.V.6/6, ✓

COLOUR VISION : NORMAL

6) Physical Fitness: fit for job/ Unfit.

Here by certify that I have personally examined, Name:- Ajay prasad son/daughter being employed in industrial Work and that his/her age as nearly as can be ascertained from my Examination is 18 Years and the he/she is fit for employment in industrial work in an adult.

7) Reason for job join

1) Refusal of certificate _____ 2) Certificate being revoked _____

Signature / Left Hand Thumb

Impression of worker

अजय प्रसाद

Name of Doctor : DR prakash Bikkad

Signature of doctor: _____

Seal: _____

Dr. PRAKASH BIKKAD

M. B. B S.

NOTE:- 1.Exact details of course of physical disability should be clearly stated. Reg. No. 2010/05/1894

2. Function/productive abilities should also be stated if disability is stated.



Passion For Caring...

Surya Hospital

8805861374 8668226412

Email.: suryahospitalmoshi@gmail.com

Ghare Building, Gat No.306, Dehu-Alandi Road, Bharat Mata Chowk, Moshi, Tal.Haveli, Dist. Pune. 412105.

Date : / / 20

Date: 25/11/25

Medical Fitness Certificate

1) NAME:- Raju Rathod

2) FATHER'S NAME:- Shyam Rathod 3) SEX:- Male

4) Date of Birth if available and/or certificate date: 30/09/1990 34 YEARS

HT: 5 FT CM. WT: 51kg Kg. BP: 130/70 Min. PULSE: 84 Min

5) P/M/H :- NO DM. NO MN. NO BA, NO H/O SURGERY. ✓

L/EX :- OK. ✓

S/EX :- OK. ✓

ENT :- OK. ✓

OPHT :- D.V.6/6, ✓

COLOUR VISION : NORMAL

6) Physical Fitness: fit for job/ Unfit.

Here by certify that I have personally examined,
Name:- Raju Rathod son/daughter being employed in
industrial Work and that his/her age as nearly as can be ascertained from my Examination
is 34yr Years and the he/she is fit for employment in industrial work in an
adult.

7) Reason for Job joining

1) Refusal of certificate _____ 2) Certificate being revoked _____

Signature / Left Hand Thumb

Impression of worker

Name of Doctor : Dr. Prakash Bikkad

Signature of doctor: _____

Seal: _____

DR. PRAKASH BIKKAD
M. B. B S.
Reg. No. 2010/05/1894

NOTE:- 1. Exact details of course of physical disability should be clearly stated.

2. Function/productive abilities should also be stated if disability is stated.



Surya Hospital

8805861374 8668226412

Email.: suryahospitalmoshi@gmail.com

Ghare Building, Gat No.306, Dehu-Alandi Road, Bharat Mata Chowk, Moshi, Tal.Haveli, Dist. Pune. 412105.

Date : / / 20

Date: / /
25/11/20

Medical Fitness Certificate

1) NAME:- Rushikesh Suresh Pote

2) FATHER'S NAME:- Suresh Pote 3) SEX:- Male

4) Date of Birth if available and/or certificate date: 14/04/1999 25 YEARS

HT: 5ft 3 CM. WT:- 49 Kg. BP:- 120/70 Min. PULSE: 86/mr Min

5) P/M/H :- NO DM. NO MN. NO BA, NO H/O SURGERY.

L/EX :- OK

S/EX :- OK

ENT :- OK.

OPHTH :- D.V.6/6,

COLOUR VISION : NORMAL

6) Physical Fitness: fit for job/ Unfit.

Here by certify that I have personally examined,
Name:- Rushikesh Pote son/daughter being employed in
industrial Work and that his/her age as nearly as can be ascertained from my Examination
is 25 Years and the he/she is fit for employment in industrial work in an
adult.

7) Reason for job joining

1) Refusal of certificate _____ 2) Certificate being revoked _____

Signature / Left Hand Thumb

Impression of worker

Rushikesh Pote

Name of Doctor : DR Prakash Bikkad

Signature of doctor: _____

Seal: _____

DR. PRAKASH BIKKAD
M. B. B S.
Reg. No. 2010/05/1894

NOTE:- 1.Exact details of course of physical disability should be clearly stated.

2. Function/productive abilities should also be stated if disability is stated.