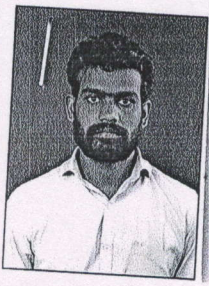


# IDENTITY CARD



Name of Contractor	Gloset India Pvt Ltd
Name of Employee	Gyan Prakash Chauhan
Date of Birth	10/05/1995
Gender	Male
Valid From	11/08/2022
Valid up to	11/01/2023
Nature of work	Fabrication
Department	Projects

SIT done on 19/08/22

*[Handwritten signature]*



*[Handwritten signature]*

SEAL & SIGNATURE OF THE CONTRACTOR





ENDURANCE  
E 92/93/94. M.I.D.C. WALUJ.

## EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आपण पालन करणे आवश्यक आहे.

१. कामावर रुजू होतांना आपणास ठरवून दिलेला गणवेश व सुरक्षा पादत्रान (Safety Shoes) घालणे बंधनकारक आहे.
  २. कंपनी आवारात घुमपान व तंबाखू सेवनास बंदी आहे. तसेच मादक द्रव्य प्राशन करून घेण्यास मनाई आहे.
  ३. जर आपणास स्वतःचे वाहन कंपनी आवारात आणावयाचे असेल तर आपल्याकडे वाहन चालविण्याचा परवाना, हॅल्मेट, पि.सु.सी. प्रमाणपत्र आवश्यक आहे.
  ४. काही धोकादायक/आपत:कालीन परिस्थिती निर्माण झाल्यास सतत भोंगा (सायरन) वाजल्यास आपण त्वरीत काम करीत असलेली यंत्र (मशिन) बंद करावे व असेंब्ली पॉईंटवर जमावे. (पाळी (शिफ्ट) घालू व संपल्यानंतर भोंगा (सायरन) एक वेळेस वाजतो.)
  ५. समजा काही धोकादायक परिस्थिती किंवा आग लागल्यास आपल्या वरिष्ठांना झालेली घटना व घटनेचे ठिकाण यांची माहिती त्वरीत देणे. गरज वाटल्यास असेंब्ली पॉईंटवर जमावे.
  ६. जंर स्वतः किंवा दुसरे कोणीही अडचणीत असेल तर त्वरीत मदत करणे किंवा मदत बोलावणे.
  ७. आपत:कालीन मार्ग (Emergency Exit) व आपत:कालीन फोन नंबर (Emergency Phone No.) ची व्यवस्थित माहिती करून घेणे.
  ८. आपणास माहित नसलेले यंत्र किंवा इतर ठेवलेल्या वस्तूंना हात लावू नये. (उदा. केमिकल, मशिनचे स्विच)
  ९. आपण काम करीत असलेल्या ठिकाणावर वरिष्ठांनी ठरवून दिलेल्या वैयक्तिक सुरक्षा साधन (PPE) घा घापर करणे आवश्यक आहे.
  १०. ऑईलने खराब झालेले कॉटन, फवरा, बर, स्कॅप ठरवून दिलेल्या बिन किंवा ठिकाणीच टाकावे. इतरत्र टाकू नये.
  ११. सुरक्षित काम करण्या संबंधी वरिष्ठांनी दिलेल्या सूचनांचे पालन करावे.
  १२. कंपनीच्या आवारामध्ये काहीही काम करावयाचे असल्यास (बाहेरच्या कॉन्ट्रॅक्टरसाठी) काम करण्याची परवानगी (वर्क परमीट) संबंधीत विभागाकडून घेतल्याशिवाय काम चालू करू नये.
- वरील दिलेली माहिती व सूचना आपल्या सुरक्षेसाठी आहेत. त्यांचे पालन करून सहकार्य करावे.  
धन्यवाद !

(Assembly Point - असेंब्ली पॉईंट)



१) मेन गेट जवळ

प्रशिक्षण घेणाऱ्याचे नांव व सही : *ayan prakash chauhan*

प्रशिक्षण देणाऱ्याचे नांव व सही : *B H. Danle*

दिनांक : *11/08/2022* वेळ : *9:30 AM*

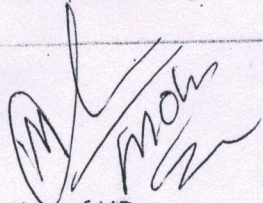


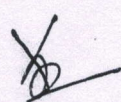
Annexure - I  
 Endurance Technologies Ltd.  
 Contractor Worker Job Fitness Assessment

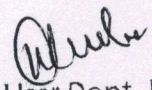
Sr. No.	Points	Details	Remarks
1	Name of the person	Ryan Prakash Chauhan	
2	Age & Date of Birth	10/05/1995	
3	Education/Qualification	- 12th	
4	Trade	- mechanical	
5	Date of Engagement	- 21/8/2021	
6	Name of contractor	Alorent Indus (P) Ltd.	
7	Previous work experience	- 6 yrs	
8	Type of machines Operated, if any	welding m/c Grinder etc.	
9	Medical fitness for the job	- yes.	
10	Name & mobile number of contact person to be contacted in case of emergency	- Subhashis Biswal - 9422094221	
11	Safety Induction provided	- yes	

For Official Use Only

1	Comments of Reviewer	ok
2	Under observation (please mention period)	1 day
3	Machine training to be provided	welding m/c, grinder, cutting m/c
4	ESIC/ Medical Insurance & WC Nos.	- DOY 8871432 19/11/2022
5	PPEs required and given	Safety shoes Helmet, Safety full body Harness

  
 Sign of HR

  
 Sign of HSE

  
 Sign of User Dept. Head





**ENDURANCE**  
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 28/7/22

To Whom It May Concern

This is certify that Mr. Gyanprakash Chauhan of 1022819 CIV

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 28/7/22 at 10:20 AM

Above mention person medically fit and not having any medical disease and covid-19 symptoms. SPO2 - 99%.

cold  
cough  
fever

PR - 74/min  
Te - 36.6°C  
BP - 123/80 mmHg

(Signature)

(Signature)

Factory Medical officer

OHC  
Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad



ATAXIA [HEIGHT PULSIVA TEST]

Name: Gyanprakash Chauhan Age: 28 Sex: M

Name of Contract: GloSent India Name of Supervisor: Gyanprakash

General Questionnaires:

1. Have you work before this on height? Yes / No
2. What was your maximum height work experience? <10 M / >10 M
3. Do you have any addiction? If yes then mention?
4. Do you have any nausea or vomiting feeling while working on height? Yes / No
5. Do you have VERTIGO while working on height? Yes / No
6. Do you feel any breathing problem while working on height? Yes / No
7. Are you having any past history of acute illness? Yes / No   
If Yes please mention \_\_\_\_\_
8. Are you having any past history of chronic illness? Yes / No   
If Yes please mention \_\_\_\_\_
9. Are you under any medicinal course? Yes / No   
If Yes please mention \_\_\_\_\_
10. Have you any history of accidental fall while working on height? Yes / No

Practical Observations

➤ RHOMBERG TEST

Exercise : Ask patient to stand with his feet closing approximated position. First ask to stand with open eyes and then with closed eyes.

Observations : If you observed unsteadiness in the position of patient then the Rhomberg Test is positive.

➤ TANDEM WALKING


Exercise : First draw a straight line on floor, then ask patient to walk on straight line by placing one heel directly in front of opposite tors with eyes open and closed.

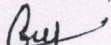
Observations : If you observe sways or staggers then Tandem Walking Test is positive.

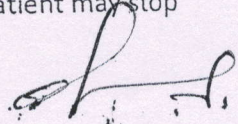
➤ FINGER NOSE TEST

Exercise : In this Test ask patient to extend and abduct the arms completely and then touch the index finger tip to the tip of his nose. First slowly and then capacity.

Observations : If more irregularities are observed as finger approaches the nose or patient may stop before he touches the tip of nose then finger nose test is positive.

  
Sign of Worker

  
Sign of Supervisor

  
Sign of Examiner



भारत सरकार  
Government of India

जन प्रकाश चौहान  
Gyan Prakash Chauhan  
जन्म तिथि/DOB: 10/05/1995  
पुरुष/ MALE

Download Date: 09/08/2021

Issue Date: 04/08/2021

8730 7260 5457  
VID : 9126 9904 5397 4836

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: बासदेव, पी-ओ-पीपरपती, महुआनी चौराहा के पास, ग्राम - घट्टला चैती, पीपर पट्टी, देवरिया,  
उत्तर प्रदेश - 274001

Address:  
S/O: Basdev, p-o-piparpati, near mahuani  
chauraha, gram -ghataila cheti, Pipar Patti,  
Deoria,  
Uttar Pradesh - 274001

8730 7260 5457  
VID : 9126 9904 5397 4836

1047 | help@uidai.gov.in | www.uidai.gov.in

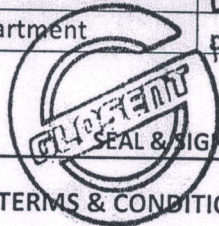


**IDENTITY CARD**



Name of Contractor	Alorent Inddarp) Ltd.
Name of Employee	Harikesh Chauhan
Date of Birth	16/08/1994
Gender	male
Valid from	11/08/2022
Valid up to	
Nature of Work	Fabrication
Department	projects

SIT done on 11/08/2022



*Biswal*

SEAL & SIGNATURE OF THE CONTRACTOR

**TERMS & CONDITIONS**

1. This ID card is not transferable.
2. This ID card must be carried by the holder while inside the plant and has to be produced on demand to the security personnel Authorized person.ssss
3. This is valid only for the work awarded to the contractor against a particular work order.
4. The contractor shall surrender the ID card to the issuing authority on cessation of Employment / Contract.
5. Every ID card holder must abide by safety norms and use appropriate PPE's while in Plant.
6. The ID card is valid subject to condition that the holder satisfies all the rule & regulations of the company.
7. Issues of duplicate ID card is chargeable.

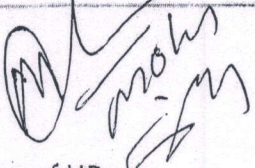


Annexure - I  
 Endurance Technologies Ltd.  
 Contractor Worker Job Fitness Assessment

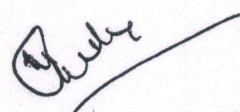
Sr. No.	Points	Details	Remarks
1	Name of the person	Harivish Chauhan	
2	Age & Date of Birth	16/08/1994	
3	Education/Qualification	8th	
4	Trade	mechanical	
5	Date of Engagement	03/05/2022	
6	Name of contractor	Giosent India (p) Ltd.	
7	Previous work experience	3 yrs	
8	Type of machines Operated, if any	welding m/c, grinder etc	
9	Medical fitness for the job	yes	
10	Name & mobile number of contact person to be contacted in case of emergency	Subhasish Biswal 9422094221	
11	Safety Induction provided	yes	

For Official Use Only

1	Comments of Reviewer	ok	
2	Under observation (please mention period)	1 day	
3	Machine training to be provided	Welding m/c grinder	
4	ESIC/ Medical Insurance & WC Nos.	0048871432	19/11/2022
5	PPEs required and given	safety shoes Hemetic Full body Harness	

  
 Sign of HR

  
 Sign of HSE

  
 Sign of User Dept. Head







ENDURANCE  
Technologies Limited

MEDICAL FITNESS CERTIFICATE

Date: 11/08/22

To Whom It May Concern

This is certify that Harikesh Chauhan of E92 (LP6 pipe line)

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad.

On 11/08/22 at 01:41

Above mention person medically fit and not having any medical disease and covid -19 symptoms.

Cold }  
fever } NB  
cough }

SpO2 - 98%

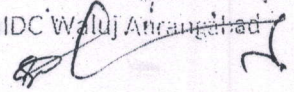
PR - 66 min

Temp - 35.5c

BP - 128/72

DR. AMIT KOTHARI  
MBBS, DCH, AFIH  
Reg. No.: 2001082804  
Factory Medical officer

OHC  
Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad





## ENDURANCE

### ATAXIA [HEIGHT PHOBIA TEST]

#### DECLARATION

Name : Hari Kesh Chaykoti Age : 28 Sex : Male  
Name of Contract : Shubashubh Name of Supervisor : Harshad

#### ➤ General Questionnaires:

1. Have you work before this on height? Yes / No
2. What was your maximum height work experience? <10 M / >10 M
3. Do you have any addiction? If yes then mention? \_\_\_\_\_
4. Do you have any nausea or vomiting feeling while working on height? Yes / No
5. Do you have VERTIGO while working on height? Yes / No
6. Do you feel any breathing problem while working on height? Yes / No
7. Are you having any past history of acute illness? Yes / No   
If Yes please mention \_\_\_\_\_
8. Are you having any past history of chronic illness? Yes / No   
If Yes please mention \_\_\_\_\_
9. Are you under any medicinal course? Yes / No   
If Yes please mention \_\_\_\_\_
10. Have you any history of accidental fall while working on height? Yes / No

#### Practical Observations

#### ➤ RHOMBERG TEST

**Exercise :** Ask person to stand with his feet closing approximated position. First ask to stand with open eyes and then with closed eyes.

**Observations :** If you observed unsteadiness in the position of person then the Romberg Test is positive.

#### TANDEM WALKING

**Exercise :** First draw a straight line on floor, then ask person to walk on straight line by placing one heel directly in front of opposite toes with eyes open and closed.

**Observations :** If you observe sways or staggers then Tandem Walking Test is positive.

#### ➤ FINGER NOSE TEST

**Exercise :** In this Test ask person to extend and abduct the arms completely and then touch the index finger tip to the tip of his nose. First slowly and then capacity.

**Observations :** If more irregularities are observed as finger approaches the nose or person may stop before he touches the tip of nose then finger nose test is positive.

हरिकेश चौहान  
Sign of Worker

Harshad  
Sign of Supervisor

Dr. Amit Kothari  
Sign of Examiner

DR. AMIT KOTHA:  
MBBS, DCH, AF1A  
Reg. No.: 2001082804



भारत सरकार  
Government of India

311घर

Download Date: 15/12/2020

Issue Date: 20/10/2020

हरिकेश चौहान  
Hanakesh Chauhan  
जन्म तिथि/DOB: 16/08/1994  
पुरुष/ MALE

4371 5017 6659  
VID : 9136 3564 1070 9442

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

AADHAAR

पता:  
S/O: राम अशीष चौहान, मुंडेरा लाला, मुंडेरा, देवरिया,  
उत्तर प्रदेश - 274405

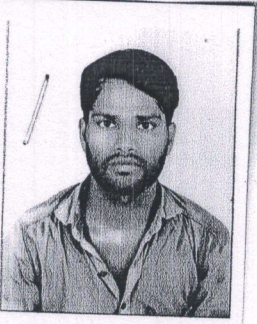
Address:  
S/O: Ram Ashish Chauhan, mundera lala,  
Mundera, Deoria,  
Uttar Pradesh - 274405

4371 5017 6659  
VID : 9136 3564 1070 9442

1947 | help@uidai.gov.in | www.uidai.gov.in



# IDENTITY CARD



Name of Contractor	GloSent India Pvt Ltd
Name of Employee	Sanjay Chauhan
Date of Birth	11/09/2002
Gender	Male
Valid From	11/08/2022
Valid up to	11/01/2023
Nature of work	Fabrication
Department	Projects

SIT done on 23/8/22



SEAL & SIGNATURE OF THE CONTRACTOR

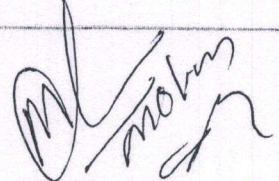


Annexure - I  
 Endurance Technologies Ltd.  
 Contractor Worker Job Fitness Assessment

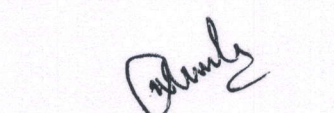
Sr. No.	Points	Details	Remarks
1	Name of the person	Sanjay Chauhan	
2	Age & Date of Birth	11/09/2002	
3	Education/Qualification	8th	
4	Trade	mechanical	
5	Date of Engagement	12/04/2021	
6	Name of contractor	GloSent India (p) Ltd	
7	Previous work experience	4 yrs	
8	Type of machines Operated, if any	welding m/c grinders etc	
9	Medical fitness for the job	yes	
10	Name & mobile number of contact person to be contacted in case of emergency	Subhasish Bcswal 9422094321	
11	Safety Induction provided	yes	

For Official Use Only

1	Comments of Reviewer	OK	
2	Under observation (please mention period)	1 day	
3	Machine training to be provided	Welding m/c cutter grinders	
4	ESIC/ Medical Insurance & WC Nos.	DOY8871432	19/11/2022
5	PPEs required and given	Safety shoes Helmets Body Harness	

  
 Sign of HR

  
 Sign of HSE

  
 Sign of User Dept. Head





## EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आचरण पालन करणे आवश्यक आहे.

१. कामावर रुजू होताना आपणास ठरवून दिलेला गणवेश व सुरक्षा पादत्रान (Safety Shoes) घालणे बंधनकारक आहे.
  २. कंपनी आवारात घुमपान व तंबाखू सेवनास बंदी आहे. तसेच मादक द्रव्य प्राशन करून घेण्यास मनाई आहे.
  ३. जर आपणास स्वतःचे वाहन कंपनी आवारात आणावयाचे असेल तर आपल्याकडे वाहन चालविण्याचा परवाना, हेल्मेट, पि.बु.सी. प्रमाणपत्र आवश्यक आहे.
  ४. काही धोकादायक/आपत:कालीन परिस्थिती निर्माण झाल्यास सतत भोंगा (सायरन) वाजल्यास आपण त्वरीत काम करीत असलेली यंत्र (मशिन) बंद करावे व असेंब्ली पॉईंटवर जमावे. (पाळी (शिफ्ट) चालू व संपल्यानंतर भोंगा (सायरन) एक वेळेस वाजतो.)
  ५. समजा काही धोकादायक परिस्थिती किंवा आग लागल्यास आपल्या वरिष्ठांना झालेली घटना व घटनेचे ठिकाण यांची माहिती त्वरित देणे. गरज वाटल्यास असेंब्ली पॉईंटवर जमावे.
  ६. जर स्वतः किंवा दुसरे कोणीही अडचणीत असेल तर त्वरीत मदत करणे किंवा मदत बोलावणे.
  ७. आपत:कालीन मार्ग (Emergency Exit) व आपत:कालीन फोन नंबर (Emergency Phone No.) ची व्यवस्थित माहिती करून घेणे.
  ८. आपणास माहित नसलेले यंत्र किंवा इतर ठेवलेल्या वस्तूंना हात लावू नये. (उदा. केमीकल, मशिनचे स्विच)
  ९. आपण काम करीत असलेल्या ठिकाणावर वरिष्ठांनी ठरवून दिलेल्या वैयक्तिक सुरक्षा साधन (PPE) घा घापर करणे आवश्यक आहे.
  १०. ऑईलने खराब झालेले कॉटन, फवरा, बर, स्कॅप ठरवून दिलेल्या बिन किंवा ठिकाणीच टाकावे. इतरत्र टाकू नये.
  ११. सुरक्षित काम करण्या संबंधी वरिष्ठांनी दिलेल्या सूचनांचे पालन करावे.
  १२. कंपनीच्या आवारामध्ये काहीही काम करावयाचे असल्यास (बाहेरच्या कॉन्ट्रॅक्टरसाठी) काम करण्याची परवानगी (वर्क परमीट) संबंधीत विभागाकडून घेतल्याशिवाय काम चालू करू नये.
- वरील दिलेली माहिती व सूचना आपल्या सुरक्षेसाठी आहेत. त्यांचे पालन करून सहकार्य करावे.  
धन्यवाद !

(Assembly Point - असेंब्ली पॉईंट)



१) मेन गेट जवळ

प्रशिक्षण देणाऱ्याचे नांव व सही :

*Santosh Chavhan*

प्रशिक्षण देणाऱ्याचे नांव व सही :

*B. H. Dande*

दिनांक :

11/08/22 वेळ : 9:30 Am





**ENDURANCE**  
Complete Solutions

**MEDICAL FITNESS CERTIFICATE**

Date: 28/7/22

To Whom It May Concern

This is certify that Mr. Sanjay Chouhan of 10228/civil

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 28/7/22 at 10:45 AM

Above mention person medically fit and not having any medical disease and covid - 19 symptoms.

cold (NO)  
cough (NO)  
fever (NO)

SPO2 - 98%  
PR - 82/min  
Te. - 36°C  
BP - 119/82 mmHg

**Factory Medical officer**

OHC  
Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad



ATAXIA (HEIGHT PHOBIA) TEST

Name: Sanjay Chauhan Age: 20 Sex: M

Name of Contract: Glovent India Name of Supervisor: Gyanprakash

General Questionnaires:

1. Have you work before this on height? Yes / No
2. What was your maximum height work experience? <10 M / >10 M
3. Do you have any addiction? If yes then mention? Yes / No
4. Do you have any nausea or vomiting feeling while working on height? Yes / No
5. Do you have VERTIGO while working on height? Yes / No
6. Do you feel any breathing problem while working on height? Yes / No
7. Are you having any past history of acute illness?  
If Yes please mention \_\_\_\_\_ Yes / No
8. Are you having any past history of chronic illness?  
If Yes please mention \_\_\_\_\_ Yes / No
9. Are you under any medicinal course?  
If Yes please mention \_\_\_\_\_ Yes / No
10. Have you any history of accidental fall while working on height Yes / No

Practical Observations

> RHOMBERG TEST

Exercise: Ask patient to stand with his feet closing approximated position. First ask to stand with open eyes and then with closed eyes.

Observations: If you observed unsteadiness in the position of patient then the Rhomberg Test is positive.

> TANDEM WALKING

Exercise: First draw a straight line on floor, then ask patient to walk on straight line by placing one heel directly in front of opposite tors with eyes open and closed.

Observations: If you observe sways or staggers then Tandem Walking Test is positive.

> FINGER NOSE TEST

Exercise: In this Test ask patient to extend and abduct the arms completely and then touch the index finger tip to the tip of his nose. First slowly and then capacity.

Observations: If more irregularities are observed as finger approaches the nose or patient may stop before he touches the tip of nose then finger nose test is positive.

Sanjay Chauhan  
Sign of Worker

Gyanprakash  
Sign of Supervisor

[Signature]  
Sign of Examiner



भारत सरकार  
Government of India

आधार

Download Date: 25/07/2021

Issue Date: 02/07/2021

संजय चौहान  
Sanjay Chauhan  
जन्म तिथि/DOB: 11/09/2002  
पुरुष/ MALE

4344 3838 8419  
VID : 9105 1630 6455 3498

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

AADHAAR

पता:  
S/O: पारश चौहान, मधुरिया, सरिया महंथ पट्टी,  
कुशीनगर,  
उत्तर प्रदेश - 274401

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Mahanth Patti, Kushinagar,  
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