

Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 3/11/23

To Whom It May Concern

This is certify that Mr. Suraj Keshavn of C-20/civil

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 3/11/23 at 2:30 pm

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

cold
cough
fever
(NAD)

SPO2 - 97%
PR - 70/min
Te - 96.3F
BP - 110/60 mmHg

(NAD)
(Signature)

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

Factory Medical officer

OHC
Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

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Annexure : Self-Declaration Form (Frequency/Block/After Leave)

Name of the person: Sudaj Kendra
Employee No.:

Date: 03-01-2023
Age: 22 Yrs 2001 Months

Mobile No.: 7378686858
Email ID:

Sex: M/F male
Address: At. Kekah Sindgi, Jalkot,
Latur, Maharashtra. 413532.

No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
	Do you have symptoms of any of the following ?			
	Fever		<input checked="" type="checkbox"/>	
	Cough / Sneezing/ Sore throat		<input checked="" type="checkbox"/>	
1	Diarrhoea		<input checked="" type="checkbox"/>	
	Loss of sense of smell / taste		<input checked="" type="checkbox"/>	
	Myalgia (Pain in muscle) / Body Pain		<input checked="" type="checkbox"/>	
	Difficulty in breathing		<input checked="" type="checkbox"/>	
2	Have you travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries
3	Has anyone from your family / close contact travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries
4	Have you / any of your family members travelled inside India to other cities in past 15 days ?		<input checked="" type="checkbox"/>	If yes mention the cities
5	Has any person in your close contact been tested positive For covid-19 in past two weeks ?		<input checked="" type="checkbox"/>	
6	Have you and/or any your family member visited a health-care facility /doctor in past two weeks ?		<input checked="" type="checkbox"/>	
7	Have you / any family member been kept in / advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient ?		<input checked="" type="checkbox"/>	
8	Are you living in a containment / micro containment zone or has your area / society been sealed in past 28 days by the government agencies ?		<input checked="" type="checkbox"/>	
9	Are you suffering from co-morbidities or any high risk disease i.e (Asthma, Heart Problem, Cancer, Etc.)		<input checked="" type="checkbox"/>	
0	Have you downloaded & using Aarogya setu App ?		<input checked="" type="checkbox"/>	
1.	Have you taken covid-19 vaccine?			

I hereby declare that the above information is true to the best of my knowledge. I understate that withholding any information is unethical and against the interests of the global population fighting this pandemic.

(10)
OHC
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 3/11/23

To Whom It May Concern

This is certify that Mr. Deepu Kumar of E-20/Civil

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 3/11/23 at 2:22 PM

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

19 symptoms.


SPO2 - 97%

PR - 78/min

Te - 94.6 F

BP - 130/86 mmHg

cold (NAD)
cough
fever


Factory Medical officer

DR. AMIT KOTHARI
MBBS, DCH, AFM
Reg.No.: 2001082804

OHC
Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

Annexure : Self-Declaration Form (Frequency Weekly / After Leave)

Name of the person: Deepu Kumar Date: 03-01-2023
 Employee No.: _____ Age: 20 Yrs 2002 Months _____
 Sex: M/F male
 Mobile No.: 8854979410 Address: Basu, 18 Mahadev gati
 Email ID: _____ Khera thakur, Bharatpura, Rajasthan.
321402

No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
	Do you have symptoms of any of the following ?			
	Fever			
	Cough / Sneezing / Sore throat			
	Diarrhoea			
	Loss of sense of smell / taste			
	Myalgia (Pain in muscle) / Body Pain			
	Difficulty in breathing			
2	Have you travelled outside the country in past 30 days ?			If yes mention the countries
3	Has anyone from your family / close contact travelled outside the country in past 30 days ?			If yes mention the countries
4	Have you / any of your family members travelled inside India to other cities in past 15 days ?			If yes mention the cities
5	Has any person in your close contact been tested positive For covid-19 in past two weeks ?			
6	Have you and/or any your family member visited a health care facility /doctor in past two weeks ?			
7	Have you / any family member been kept in / advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient ?			
8	Are you living in a containment / micro containment zone or has your area / society been sealed in past 28 days by the government agencies ?			
9	Are you suffering from co-morbidities or any high risk disease i.e (Asthma, Heart Problem, Cancer, Etc.)			
0	Have you downloaded & using Aarogya setu App ?			
1.	Have you taken covid-19 vaccine?			

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Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 3/1/23

To Whom It May Concern

This is certify that Mr Vishnu Pannan of L-20/civil

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 3/1/23 at 2:25 PM

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

SPO2 - 96%

PR - 88/min

Te - 95°F

BP - 121/83 mmHg

cold (NA)
cough
fever

DR. AMIT KOTHARI
MBBS, DCH, AFM
Reg.No.: 2001082804

Factory Medical officer

OHC

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

Annexure - Self-Declaration Form (Frequency Weekly / After Leave)

Name of the person: Vishnu Parmar
 Employee No.: 6378636491
 Mobile No.:
 Email ID:

Date:
 Age 20 Yrs : Months 10-07-2003
 Sex: MF mail
 Address: S/o Khera Thakur Moh'la
Khara Thaker, Bharpur,
Rajasthan, 321402

No.	Answer the following questions by ticking appropriate box	Yes	No	Describe						
1	Do you have symptoms of any of the following ?									
	Fever		<input checked="" type="checkbox"/>							
	Cough / Sneezing/ Sore throat		<input checked="" type="checkbox"/>							
	Diarrhoea		<input checked="" type="checkbox"/>							
	Loss of sense of smell / taste		<input checked="" type="checkbox"/>							
	Myalgia (Pain in muscle) / Body Pain		<input checked="" type="checkbox"/>							
	Difficulty in breathing		<input checked="" type="checkbox"/>							
2	Have you travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries						
3	Has anyone from your family / close contact travelled outside the country in past 30 days ?		<input checked="" type="checkbox"/>	If yes mention the countries						
4	Have you / any of your family members travelled inside India to other cities in past 15 days ?		<input checked="" type="checkbox"/>	If yes mention the cities						
5	Has any person in your close contact been tested positive For covid-19 in past two weeks ?		<input checked="" type="checkbox"/>							
6	Have you and/or any your family member visited a health care facility /doctor in past two weeks ?		<input checked="" type="checkbox"/>							
7	Have you / any family member been kept In / advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient ?		<input checked="" type="checkbox"/>							
8	Are you living in a containment / micro containment zone or has your area / society been sealed in past 28 days by the government agencies ?		<input checked="" type="checkbox"/>							
9	Are you suffering from co-morbidities or any high risk disease i.e (Asthma, Heart Problem, Cancer, Etc.)		<input checked="" type="checkbox"/>							
10	Have you downloaded & using Aarogya setu App ?		<input checked="" type="checkbox"/>							
11	Have you taken covid-19 vaccine?			<table border="1"> <tr> <td>If Yes</td> <td>Dose 1</td> <td>Dose 2</td> </tr> <tr> <td>Date: <input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </table>	If Yes	Dose 1	Dose 2	Date: <input checked="" type="checkbox"/>		
If Yes	Dose 1	Dose 2								
Date: <input checked="" type="checkbox"/>										

I hereby declare that the above information is true to the best of my knowledge. I understand that withholding any information is unethical and may have serious consequences during this pandemic.

(10)
Dr. Amit Kothari
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 3/1/23

To Whom It May Concern

This is certify that Mr. Ravish Kumar of L-20/ ciwi

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj
, Aurangabad. On 3/1/23 at 2:28 PM

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

cold
cough
fever
(NA)

SPO2 - 98%
PR - 70/min
Te - 95.1 F
BP - 133/90 mmHg

(Signature)

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

Factory Medical officer

OHC
Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

Annexure - Self-Declaration Form (Frequency Vibeakya / After Leave)

Name of the person: Rajesh Kumar
 Employee No.:
 Mobile-No.: 7838455865
 Email ID:

Date: 08-01-2023
 Age: 47 Yrs 19 Months
 Sex: M/F male
 Address: pakhan singi, Bakalpur
Aagra, Uttar Pradesh. 283119

No.	Answer the following questions by ticking appropriate box	Yes	No	Describe
	Do you have symptoms of any of the following?			
	Fever		<input checked="" type="checkbox"/>	
	Cough / Sneezing/ Sore throat		<input checked="" type="checkbox"/>	
1	Diarrhoea		<input checked="" type="checkbox"/>	
	Loss of sense of smell / taste		<input checked="" type="checkbox"/>	
	Myalgia (Pain in muscle) / Body Pain		<input checked="" type="checkbox"/>	
	Difficulty in breathing		<input checked="" type="checkbox"/>	
2	Have you travelled outside the country in past 30 days?		<input checked="" type="checkbox"/>	If yes mention the countries
3	Has anyone from your family / close contact travelled outside the country in past 30 days?		<input checked="" type="checkbox"/>	If yes mention the countries
4	Have you / any of your family members travelled inside India to other cities in past 15 days?		<input checked="" type="checkbox"/>	If mention the cities
5	Has any person in your close-contact been tested positive For covid-19 in past two weeks?		<input checked="" type="checkbox"/>	
6	Have you and/or any your family member visited a health care facility /doctor in past two weeks?		<input checked="" type="checkbox"/>	
7	Have you / any family member been kept in / advised quarantine for 14 days upon exposure to a confirmed covid-19 case or suspicious patient?		<input checked="" type="checkbox"/>	
8	Are you living in a containment / micro containment zone or has your area / society been sealed in past 28 days by the government agencies?		<input checked="" type="checkbox"/>	
9	Are you suffering from co-morbidities or any high risk disease i.e (Asthma, Heart Problem, Cancer, Etc.)		<input checked="" type="checkbox"/>	
0	Have you downloaded & using Aarogya setu App?		<input checked="" type="checkbox"/>	
1	Have you taken covid-19 vaccine?			

I declare that the above information is true to the best of my knowledge. I understand that withholding any information is unethical and against the interests of the global population fighting this pandemic.