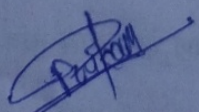


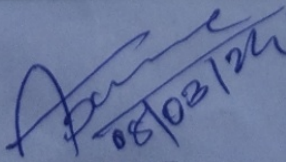
Annexure I
ENDURANCE TECHNOLOGIES LTD.
Contract Worker's Job Fitness Assessment

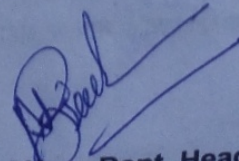
Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	शंकर शिंदे ज०६/०१	
२.	वय	३३ वर्ष	
	जन्मतारीख	०१/०१/१९९१	
३.	शिक्षण	—	
४.	ट्रेड	—	
५.	रुजू होण्याची तारीख	०८/०३/२०२५	
६.	कॉन्ट्रॅक्टरचे नाव	सिद्धी Construction	
७.	मागील कामाचा अनुभव	—	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	—	
९.	कामासाठी मेडिकल फिटनेस	Yes	०७/०३/२०२५
१०.	इमर्जन्सी कॉटॅक्ट नंबर (घरची व्यक्ती)	९८०५७२५१५७	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	Yes	०८/०३/२०२५

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	2250033477	
PPE's required and given	Safety helmet; shoes, belt, Apron	


Supervisor Sign.


Sign of HSE


Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 7/3/24

To Whom It May Concern

This is certify that Shankar Chavan of L-20

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj
, Aurangabad. On 3:51 PM at 7/3/24

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

SP02 - 99%
PR - 80/min
T - 97F
BP - 120/65
NAD
7/3/24

Factory Medical officer
Dr. Amit Kothari
OHC

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

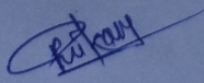


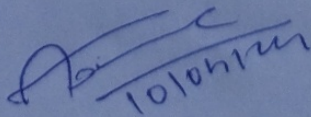
Annexure I
ENDURANCE TECHNOLOGIES LTD.
Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	Karfaur Singh Bhavsale	
२.	वय	40 year	
	जन्मतारीख	01-07-1985	
३.	शिक्षण	-	
४.	ट्रेड	-	
५.	रुजू होण्याची तारीख	10-04-2024	
६.	कॉन्ट्रॅक्टरचे नाव	Sisma Construction	
७.	मागील कामाचा अनुभव	10 year	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	FCB	
९.	कामासाठी मेडिकल फिटनेस	Yes	
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	8809724147	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	Yes	10-04-24

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	2250030477	
PPE's required and given	safety helmet, safety shoes, Apron	


Supervisor Sign.


Sign of HSE

Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 22/11/24

To Whom It May Concern

This is certify that Mr. Babukul of 2-20

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 22/11/24 at 1:58 PM

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

SPO2 - 98.1

PR - 76/min

Te - 97.8F

BP - 110/78 mmHg

cold
cough
fever

MAD

MAD

Dr. Amit Kothari

MBBS, DCH, FSIH

Regn. No. 2011/08/2014

Factory Medical officer

OHC

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad



Annexure I
ENDURANCE TECHNOLOGIES LTD.
Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	दादाजी	
२.	वय	५० वर्ष	
	जन्मतारीख	०१/०१/१९७४	
३.	शिक्षण	—	
४.	ट्रेड	—	
५.	रुजू होण्याची तारीख	२३/०१/२०२४	
६.	कॉन्ट्रॅक्टरचे नाव	Sigma Construction	
७.	मागील कामाचा अनुभव	२० वर्ष	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	—	
९.	कामासाठी मेडिकल फिटनेस	Yes	२२/०१/२०२४
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	८८०५७२५१५७	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	Yes	२३/०१/२०२४

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	061-22-2016 280200000372	
PPE's required and given	Safety helmet, shoe, Apron	

Supervisor Sign.

Sign of HSE

Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 10/06/24

To Whom It May Concern

This is certify that Mr. Komtansing Bhosale of K-226/1

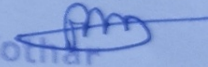
Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 10/06/24 at 11:13 AM

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

Cold }
 cough }
 fever }

NAD SpO2: 98%
 PR: 70/min
 Te: 98.9°F
 BP: 121/84
 mmHg

NAD


Dr. Amit Kothar
 MBBS, DCH, AFM
 Regn. No. 2001/08/280#
Factory Medical officer

OHC
 Endurance Technologies Limited,
 L6/3 MIDC Waluj Aurangabad



Annexure I

ENDURANCE TECHNOLOGIES LTD.

Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	Ramnath Rawale	
२.	वय	50 years	
	जन्मतारीख	01-01-1974	
३.	शिक्षण	—	
४.	ट्रेड	—	
५.	रुजू होण्याची तारीख	10-04-2024	
६.	कॉन्ट्रक्टरचे नाव	Sigma Construction	
७.	मागील कामाचा अनुभव	20 years	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	—	
९.	कामासाठी मेडिकल फिटनेस	yes	
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	8805724147	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	yes	10-04-24

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	2250033477	
PPE's required and given	safety helmet, shoes, Apron	

Supervisor Sign.

Sign of HSE

Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 10/4/24

To Whom It May Concern

This is certify that Ramnabh Pawale of 10.26.11

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 10/4/24 at 11:15 Am

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

cold
cough
Rheum

NAD

SpO2 - 96%
PR - 84/min
Temp - 98.6F
BP - 129/83
mmHg

NAD

Dr. Amit Kothar

MBBS, DCH, AFM

Regn. No. 2001/08/2804

Factory Medical officer

OHC

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

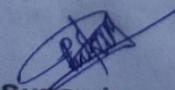
10/4/24 S.

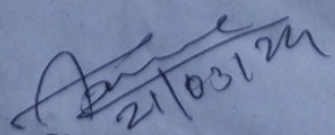
Annexure I
ENDURANCE TECHNOLOGIES LTD.
Contract Worker's Job Fitness Assessment

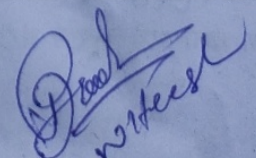
Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	Jitendar Nishad	
२.	वय	40 year	
	जन्मतारीख	01-01-1984	
३.	शिक्षण	-	
४.	ट्रेड	-	
५.	रुजू होण्याची तारीख	21-03-2024	
६.	कॉन्ट्रॅक्टरचे नाव	Sigma Construction	
७.	मागील कामाचा अनुभव	10 year +	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	-	
९.	कामासाठी मेडिकल फिटनेस	yes	21-03-2024
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)		
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	yes	21-03-2024

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	22500 33477	
PPE's required and given	safety helmet, shoes, belt, Apron	


Supervisor Sign.


Sign of HSE


Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 21/3/24

To Whom It May Concern

This is certify that Jibendra Mishra of L-20

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 21/3/24 at 11:42 Am.

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

cold, cough, Fever } NAD
SPO 2 97 } NAD
PR 87 }
Temp. 97 }
Bp 140/90 }
MMH }
NAD

Dr. Amit Kothar
MBBS, DCH, AFM
Regn. No. 2001/09/2902

Factory Medical officer

OHC

Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad



Annexure I
ENDURANCE TECHNOLOGIES LTD.
Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	सुरेश कुमारे	
२.	वय	३१ वर्ष	
	जन्मतारीख	२०/०५/१९९२	
३.	शिक्षण	-	
४.	ट्रेड	-	
५.	रुजू होण्याची तारीख	२३/०१/२०२४	
६.	कॉन्ट्रॅक्टरचे नाव	Sigma Construction	
७.	मागील कामाचा अनुभव	१० वर्ष	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	-	
९.	कामासाठी मेडिकल फिटनेस	Yes	२२/०१/२०२४
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	८८०५७२४१५७	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	Yes	२३/०१/२०२४

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	DG-22-2016 280200000372	
PPE's required and given	safety helmet, shoes, Apron	

Supervisor Sign.

23-01-24
Sign of HSE

Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 10/4/24

To Whom It May Concern,

This is certify that Dipak Shrivasthi of IC-22611

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 10/4/24 at 11:14 Am

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

cold
cough
Rash

SPO2 - 98%
PR - 85/min
Temp - 98.7°
B.P. - 137/90
mmHg

(MA)
Dr. Amit Kothar
MBBS, DCH, AFM
Regn. No. 2901/08/2804
Factory Medical officer
OHC 10/4/24
Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

10-04-2024



Annexure I

ENDURANCE TECHNOLOGIES LTD.

Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	Dipale Suryanvashi	
२.	वय	२४ वर्ष	
	जन्मतारीख	१०-१०-२००१	
३.	शिक्षण	-	
४.	ट्रेड	-	
५.	रुजू होण्याची तारीख	१०-०४-२०२४	
६.	कॉन्ट्रॅक्टरचे नाव	Sigma Construction	
७.	मागील कामाचा अनुभव	२ years	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर	-	
९.	कामासाठी मेडिकल फिटनेस	yes	
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	९९०९२२५१५७	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	yes	१०-०४-२०२४

FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)		
Machine training to be provided		
ESI/Medical Insurance & WC Noc.	२२५००३३४७७	
PPE's required and given	safety helmet, shoes, Apron	

Supervisor Sign

Sign of HSE

Sign of User Dept. Head



ENDURANCE
Complete Solutions

MEDICAL FITNESS CERTIFICATE

Date: 22/1/24

To Whom It May Concern

This is certify that Mr. Surendra Kumar of L-20

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 22/1/24 at 2:10 PM

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

cold
cough
fever
NAD

SpO2 - 97.1
PR - 66/min
Te - 98.4°
BP - 120/76 mmHg

Dr. Amit Kothari
MBBS, DCH, AFIH
Reg. No. 2001/08/2804

Factory Medical officer
OHC
Endurance Technologies Limited,
L6/3 MIDC Waluj Aurangabad

Form 59

[See rules 115 (2)]

Pollution Under Control Certificate

Authorised By :
Government of Maharashtra

Date : 11/04/2024
Time : 09:22:48 AM
Validity upto : 10/10/2024



Certificate SL. No. : MH01600610004132
Registration No. : MH34BF6656
Date of Registration : 15/Sep/2018
Month & Year of Manufacturing : April-2017
Valid Mobile Number : *****2456
Emission Norms : Bharat (Trem) Stage III A
Fuel : DIESEL
PUC Code : MH0160061
GSTIN :
Fees :
MIL observation : No

Vehicle Photo with Registration plate
60 mm x 30 mm



Sr. No.	Pollutant (as applicable)	Units (as applicable)	Emission limits	Measured Value (upto 2 decimal places)
1	2	3	4	5
Idling Emissions	Carbon Monoxide (CO)	percentage (%)		
	Hydrocarbon, (THC/HC)	ppm		
High idling emissions	CO	percentage (%)		
	RPM	RPM	2500 ± 200	
	Lambda	-	1 ± 0.03	
Smoke Density	Light absorption coefficient	1/metre	2.45	0.61

This PUC certificate is system generated through the national register of motor vehicles and does not require any signature.

Note : 1. Vehicle owners to link their mobile numbers to registered vehicle by logging to <https://puc.parivahan.gov.in>

Authorised Signature with stamp of PUC operator
60mm x 20 mm



Vehicle search

Vehicle Number	MH20AS6296
Owner Name	*R*D*P*
Registering Authority	CHHATRAPATI SAMBHAJINAGAR, Maharashtra
Vehicle Class	Excavator (NT)(OTH)
Fuel Type	DIESEL
Emission Norm	Not Available
Vehicle Age	
Vehicle Status	ACTIVE

[Tap to Check the Vehicle Impound and Seizure Document Status](#)

Registration Date	20-Dec-2011
Fitness Valid UpTo	19-Dec-2026
Tax Valid UpTo	31-Mar-2024
Insurance Valid UpTo	01-Jun-2024
PUCC Valid Upto	01-Oct-2023

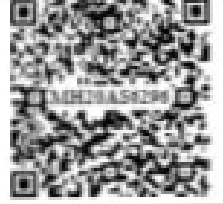
Form 59

[See rules 115 (2)]

Pollution Under Control Certificate

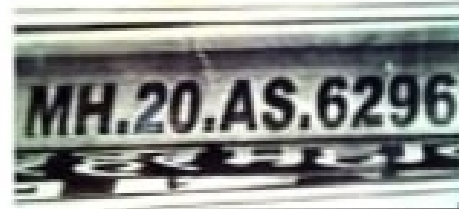
Authorised By :
Government of Maharashtra

Date : **01/10/2023**
Time : **12:29:32 PM**
Validity upto : **30/09/2024**



Certificate SL. No. : MH01600480010990
Registration No. : MH20AS6296
Date of Registration : 20/Dec/2011
Month & Year of Manufacturing : September-2011
Valid Mobile Number : *****5679
Emission Norms : BHARAT STAGE III/IV
Fuel : DIESEL
PUC Code : MH0160048
GSTIN :
(GST to be paid extra as applicable)
MIL observation : No

Vehicle Photo with Registration plate
60 mm x 30 mm



Sr. No.	Pollutant (as applicable)	Units (as applicable)	Emission limits	Measured Value (upto 2 decimal places)
1	2	3	4	5
Idling Emissions	Carbon Monoxide (CO)	percentage (%)		
	Hydrocarbon, (THC/HC)	ppm		
High idling emissions	CO	percentage (%)		
	RPM	RPM	2500 ± 200	
	Lambda	-	1 ± 0.03	
Smoke Density	Light absorption coefficient	1/metre	1.62	0.62

This PUC certificate is system generated through the national register of motor vehicles and does not require any signature.

Note : 1. Vehicle owners to link their mobile numbers to registered vehicle by logging to <https://puc.parivahan.gov.in>

Authorised Signature with stamp of PUC operator
60mm x 20 mm



ENDURANCE TECHNOLOGIES LTD.

K-226/1, M.I.D.C., WALUJ, AURANGABAD - 431 136.

GENERAL WORK

Ref.no. ETL / CORP. EHS/ F-04
 Rel. date: 01.04.2021
 Rev. No. 01

Permit No.: 159 Date and Time: 13-04-2024
 Cross Ref. / LOTO No.(If applicable): CAR-00285 Date and Time: 9:00 AM TO 5:30 PM
 Permit Receiver name of Agency / contractor: Sigma Constructers Permit issuer name: Nitesh biradar
 Work location / Department: SPD shed Plant / Section: K-226/1

In case of Emergency Siron receive : stop work immediately and fast walked toward safe assembly point & wait for next instruction.

I) Please carry out the following work : SPD-shed Civil work At location / machine : SPD-shed

Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	Working at Height (Below 3 mts.)	1	Availability of appropriate equipment for work
1	cleaning (Dry / Wet Mopping)	2	Electrical equipment with 3 pin top
2	Floor painting (Epoxy / Normal Painting work)	3	Barrication of area (If Require)
3	Floor repair work / Civil work on Ground	4	Required PPE's provided (Safety belt, helmet, hand gloves and safety shows)
4	Office Tube cleaning / Glass Cleaning	5	Visibility in the area (Use portable light If require)
5	Any other work (Please Specify)	6	Continous supervision
	<u>Excavation by JCB, shifting through tractor, RMC-vehicle for concreting, cleaning</u>	7	MSDS safety instruction read for cleaning chemical
		8	Any other, Please specify:
		9	

II) Job Safety Analysis

Sr. No	List of Activities	Hazard Identification	Riks level (H/M/L)	Available control measures	Check
1	<u>excavation</u>	<u>head injury</u>	<u>H</u>	<u>safety helmet</u>	<input checked="" type="checkbox"/>
2	<u>shifting</u>	<u>foot injury</u>	<u>M</u>	<u>safety shoes</u>	<input checked="" type="checkbox"/>
3	<u>concreting</u>	<u>eye injury</u>	<u>M</u>	<u>safety goggles</u>	<input checked="" type="checkbox"/>
4	<u>cleaning</u>	<u>hand injury</u>	<u>M</u>	<u>safety handglove</u>	<input checked="" type="checkbox"/>

III) Contractor Information with Declaration (I have understand the hazard and risk involed in above activity, take full responsibility for training and safety of my employees as per EHS rules and regulation of ETL.)

Sr. No	Name of contractor employees	Contractor ID Card	Valid till	Supervisor Name	Qualification / Experience	Signature of Permit holder	Remark
1	<u>shankar chavhan</u>	<u>2250033</u>	<u>14-01-24</u>	<u>Ram</u>	<u>6 year</u>	<u>[Signature]</u>	
2	<u>Jitendar Nishad</u>	<u>4177</u>	<u>TO</u>	<u>Nikam</u>			
3	<u>suresh Kumar</u>	<u>@kpolky</u>	<u>15-01-24</u>	<u>Akash Jadhav</u>			
4	<u>kastur singh bhogale</u>			<u>Santosh Raju</u>			
5	<u>Ram nath Ravate</u>						

6. Dipak suryanshi (In case more than 5 contractor employee separate sheet need to attach)

IV) Authorization of Work Permit: (I have examined the work description in the permit and job safety analysis found satisfactory)

Signature	User Department Supervisor	Area HOD	Plant HR (After verifying CSM)	Plant EHS	Operation Head / Production Head
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

IV) Work completion (Closure of Work Permit):

Work Start date and time	Work Complet date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)

V) Remark and Signature of User department on closure of work permit:

Miteesh: All cumm left at work's edge to work to

Note: Distribution of Permit copy : 1st Copy with contractor who is doing job ; 2nd Copy with EHS officer and 3rd Copy with Security

Renewal of permit

Renewal of Permit is allowed for 24 hours on continuous work

Date	Time		Authorized by Approving authority (Plant Head / Operation Head)	Approval From COO / President Operations Received
	From	To		