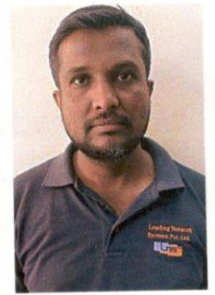


**MEDICAL CHECK UP FOR CONTRACT EMPLOYEES DESIROUS TO WORK FOR
BAJAJ AUTO LTD. AKURDI PUNE.**



Contract Name: Leading Network System Date: 09/11/2022
 Candidate Name: Salim Mehboob Shaikh Age: 40
 Gate pass No. _____

TO BE FILLED BY THE CANDIDATE (उमेदवाराने भरावयाची माहिती)

PAST & PRESENT ILLNESS (पूर्वीचे व सध्याचे आजार)		WRITE YES OR NO (होय किंवा नाही लिहाव)	
ASTHMA (दमा)	<input type="checkbox"/>	HEART DISEASE (हृदय रोग)	<input type="checkbox"/>
T. B. (क्षय)	<input type="checkbox"/>	MAJOR INJURIES (मोठ्या जखमा)	<input type="checkbox"/>
EPILEPSY (फीटस)	<input type="checkbox"/>	PSYCHIATRIC ILLNESS (मानसिक आजार)	<input type="checkbox"/>
FRACTURE (अस्थीभंग)	<input type="checkbox"/>	OPERATION (शस्त्रक्रिया)	<input type="checkbox"/>
POLIO (पोलिओ)	<input type="checkbox"/>	DEAF/DECREASED HEARING (कर्ण बधीर)	<input type="checkbox"/>
DEAF MUTE (मूक बधीर)	<input type="checkbox"/>	LOSS OF VISION/DECREASED VISION (दृष्टी दोष)	<input type="checkbox"/>
ANY ILLNESS SINCE BIRTH (जन्मापासूनचे आजार)	<input type="checkbox"/>	GIDDINESS/VERTIGO (चक्कर येतात)	<input type="checkbox"/>

IDENTIFICATION MARK (जन्म गूण) Mole over neck

Taking regular medication for illness, if any. NO
 If yes, please give details: _____

Signature of candidate
(उमेदवाराची सही)

TO BE FILLED IN BY DOCTOR (येथे उमेदवाराने काहीही लिहू नये)

ANTHROPOMETRIC MEASUREMENTS				CLINICAL EXAMINATION	
HEIGHT	<u>187</u>	Cms	Build	: <u>Musculine</u>	
WEIGHT	<u>75.1</u>	Kgs	PULSE	: <u>78/min</u>	
BMI	<u>26.9</u>		BP	: <u>130/90 mm Hg</u>	
Waist/hip ratio:	<u>102/94=1.09</u>		CVS	: <u>S1 & S2 heard @</u>	
VISION			RS	: <u>ABBE clear @</u>	
		Rt Eye Lt Eye	PA	: <u>soft non-tender</u>	
Without Glasses	D.V.	<u>6/6</u>	Blood Group	: <u>—</u>	
	N.V.	<u>N 6</u>	CNS	: <u>conscious oriented</u>	
With Glasses	D.V.	<u>6/6</u>	GENITO-URINARY	: <u>HAD</u>	
	N.V.	<u>N</u>	ANY OTHER FINDING	:	
Power of Glasses / Contact Lenses					
SQUINT :					
<input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT					
IDENTIFICATION OF INDIVIDUAL COLOURS					
<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> DEFECTIVE					

FIT UNFIT
 I have confirmed history disclosed by candidate & confirmed his identity
 प्राधिकृत प्रमाणक शल्यचिकित्सक

Signature
 डॉ. सोनाली विकास साबळे MBBS.D.C.P.A.F.I.H.
 कारखाने अधिनियम १९४८ च्या कलम १०(२) प्रमाणे
 पुणे जि. न्यायाकरिता दिनांक २६/०३/२०२१ पासून २५/०३/२०२३
 पर्यंत प्राधिकृत प्रमाणक शल्य चिकित्सक क्र: ACS24-SS/2010

Signature & Stamp of Certified Surgeon

NOTE :- For Height work vertigo test to be done.