



CANDIDATE

Name : ANIRUDHA BANSAL
 Date of Birth: 12-11-1998 Age 20 Blood Group:
 Sex : Male Female | Marital Status: Married Unmarried
 Address : D-6, DALVI NAGAR, A.B. Road,
 GUNA, MADHYA PRADESH
 Any allergy / Disability / Pre-existing disease:
 Date: 07/05/19 Signature of Candidate

CLINICAL FINDINGS

| | | | |
|------------------------------|-----------------------------|--|--|
| Height 170.5 cms. | Weight 91.5 Kgs. | Near Vision L.E. 6/6 R.E. 6/6 | Hearing Left Ear Normal Right Ear Normal |
| BP: 100/70 mm Hg | Pulse Rate: 68/min, regular | Colour Vision Normal | Resp. Rate: 12/min regular |
| CVS: S1S2 heard No Murmur | RS: clinically normal | Abdomen: Soft Liver enlarged 2 cm below costal margin. | |

Any other Findings: ~~no abnormality~~ Obesity

INVESTIGATIONS

| | | | |
|----------------|--|-----------------|---------------------------|
| BLOOD | CBC - Hb 16.6 gm% | TLC 8640 /cumm% | DLC - P 68 L 24 E 04 M 04 |
| | FBS (R) 86.1 mg% | BUN 20.5 mg% | Creatinine 0.95 mg% |
| URINE Routine: | NAD | | |
| X-Ray Chest: | ECG: <input checked="" type="checkbox"/> | | |

CERTIFICATE

I Dr.: Rakesh Sharma
 hereby certify that I have examined Mr./Ms.: Anirudha Bansal
 on 07/5/2019 and find him FIT / UNFIT for employment.
 Remarks if unfit:
 Signature & Seal:
 Dr. RAKESH SHARMA
 Reg. No. 10685
 Delhi Medical Council
 Address / Tel No. 9811618338

DECLARATION

I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me. I give my consent to L&T to seek further information, if any, from me directly or from any appropriate doctor.
 Signature of Candidate:
 Date: 07/05/19

Any additional information-

By candidate:

Recommendation by Doctor:

- o Obesity
- o Hepatomegaly & disturbed liver function test

U.S. whole abdomen
check up by medical specialist

Ukram

Remarks by Doctor:

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