

PRE-EMPLOYMENT

FITNESS.

C	Name : ANIRUDHA BANSAL
Α	Date of Birth: 12-11-1998 Age 20 Blood Group:
N D	Sex : Male Female I Marital Status: Married Unmarried
1	Address : D-6, DALVI NACIAR, A.B. Road,
D A	GUNA, MADHVA PRADESH
T E	Any allergy / Disability / Pre-existing disease:
SIKAN	Date: 07/05/15 Signature of Candidate
01-2-041	Height Weight Near L.E. M. F. E. M. S. Hearing North Left Ear North Colour Vision North Right Ear. North
	BP: 100/90 mm Hy Pulse Rate: 68 min, rymle Resp. Rate: 12/min rynlh
F - X D	CVS: SIS2 hard, RS: chinically Abdomen: Roft
1 - z G ø	Any other Findings: Any other
I N V E S T I	
	CBC-Hb 16.6 gm% TLC 8640 / cumm% DLC-P68 L 24 E 64 M 04
	FBS (R) 86.1 mg% BUN 20.5 mg% Creatinine 0.95 mg%
G A T	URINE Routine: NA9
- 0 - 0 - 0	X-Ray Chest: ECG:
C E	IDr.: Rakesh Sharms
	hereby certify that I have examined Mr/Ms.: Anizudha Bandal
R T	
T	
F	Remarks if unfit:
C A	Uharry: 10685 Duhi Medier Comin 9811618338
T E	Signature & Seal Reg. No. Address / Tel No.
	Or. RAKESH SHARMA
D E	I declare that the above uformation is true and correct to the best of my knowledge and I am not suffering

ECLARAT

0 N I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / sliness, 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

ny additional information-	
By candidate:	
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ecommendation by Doctor:	Obserly E distincted Love function to
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Α,	U.S. whole Abolomin cherk up by year cal feeralist
	(Ut Asm)
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emarks by Doctor:	
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विवेकानन्द आरोग्य केन्द्र





Radiology Report

Name

Age/Gender

: Mr. Anirudha Bansal

: 20 Y/M

Prescribed Doctor: Self

MR No

: MR006633

Visit ID

: OP013582

Report Date

: 08-05-2019 15:45

X-Ray

X-RAY CHEST PA VIEW

Bilateral lung fields appears to be clear. No obvious pulmonary parenchymal lesion is seen.

Trachea is central.

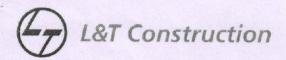
Cardiac configuration appears to be normal with normal cardio-thoracic ratio.

Both costo phrenic angles and domes of diaphragm are normal.

Visualized soft tissue and bony thoracic cage appears to be normal.

PLEASE CORRELATE CLINICALLY.

MD (Radio-diagnosis)



LTC/HQ/MC/PEMC/2032018/9455 L&T Construction – WETLE120304 HR – Kalpana

06/05/2019

Molecular Quest Healthcare Pvt Ltd Vivekananda Arogya Kendra ,466P Sector 12A near madhav bhawan Gurugram Haryana 122001

Dear Sir / Madam,

Sub: L&T Pre-Employment Medical Checkup Package Rs.1100/on 07/05/2019 between 8.00 am and 8.30 am.

With reference to the arrangements we have made with you, we are directing the following candidate to undergo the **Pre-Employment Medical check-up** at your Clinic. Kindly provide necessary facilities for him/her in this regard.

Anirudha Bansal

We request you to send the scanned copy of Medical Reports to (medicalcentre@Lntecc.com) and hard copy of Reports to below mentioned address, clearly indicating his medical fitness for employment. Bill for the charges may be sent to the below address directly for making payment.

L&T Medical Center – L&T Construction P.B. No.979, Mount Poonamallee Road Manapakkam Chennai 600089 Phone: +91 44 22526028 / 6069

Thanking you,

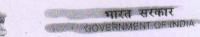
Yours faithfully,
For L&T Medical Centre - L&T Construction
Dr.G. Sathappan
Senior Medical Officer

This is a system generated letter and do not require signature

Registered Office: L&T House, N. M. Marg, Ballard Estate, Mumbai - 400 001. INDIA Licence No.: CIN - L99999MH1946PLC004768

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अनिरुद्ध बंसल Anirudha Bansal जन्म तिथि/ DOB: 12/11/1998 पुरुष / MALE



2717 5175 4271

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O कैलाश नारायण बंसल, satsang bhawan ke samne D-6, dalvi nagar, Guna, G

2717 5175 4271

MERA AADHAAR, MERI PEHACHAN

