



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 Normal
BP: 100/70 mm Hg		Colour Vision: Normal	Right Ear: Normal
Pulse Rate: 68/min, regular		Resp. Rate: 12/min regular	
CVS: S1S2 heard No Murmur		RS: clinically normal	Abdomen: Soft Liver enlarged 2 gm below 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:
 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:

- Obesity
- Hepatomegaly & distended liver function test

U.S. whole abdomen
check up by medical specialist

Ugumf

Remarks by Doctor:

* * * * *

Radiology Report

Name : Mr. Anirudha Bansal
Age/Gender : 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.



DR. PAWAN JOON
MD (Radio-diagnosis)



L&T Construction

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*

Handwritten signature in blue ink.

भारत सरकार
GOVERNMENT OF INDIA

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,
सत्संग भवन के सामने डी-६,
दलवी नगर, गुना, गुना,
मध्य प्रदेश - 473001

Address:

S/O Kailash Narayan Bansal,
satsang bhawan ke samne D-6,
dalvi nagar, Guna, Guna,
Madhya Pradesh - 473001

2717 5175 4271

MEERA AADHAAR, MERI PEHACHAN