

भारत सरकार
Government of India

सोवरन पाल
Sovran Pal

जन्म तिथि / DOB : 07/07/1990
पुरुष / Male



8984 2368 4414

आधार - आम आदमी का अधिकार

भारत सरकार
आधार

पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: सियाराम, हाउस न
256, विलेज चंद्रपुरा पोस्ट चंद्रपुरा,
चौहानी, छतरपुर, चंदोवारा, मध्य
प्रदेश, 471510

Address: S/O: Siyaram, House no 256,
village chandrpura post chandrpura,
Chauhani, Chhatarpur, Chandowara,
Madhya Pradesh, 471510

8984 2368 4414

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Medical Fitness Certificate

"It is certified that Mr./Ms. Souvan Pal employed with
M/S FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined
by me on date/...../.....

Name of Associate: _____

Associate Code: _____
(For Existing Associates Only)

DOB	DD	MM	YY	Age (Yrs)			Sex (M/F)		Phone No.									
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Summary of the Investigation Findings:

SN	Investigation Details	Summary of Investigation								
1.	Physical (Including Skin & Eye) Examination Summary	<u>Normal</u>								
2.	Routine Stool Examination	<u>No Cyst / ova seen</u>								
3.	Stool Culture & Sensitivity	<u>No pathogen grown</u>								
4.	X-Ray CHEST	<u>NO</u>								
5.	Sputum Examination	<u>NO AFB seen</u>								
6.	Typhoid Vaccine	<u>IgG, IgM (-)</u>								
Vaccination History (Whether vaccinated for Typhoid Earlier / When?)		<table border="1" style="float: right; border-collapse: collapse;"> <tr> <th style="width: 15%;">Date of Vaccination</th> <th style="width: 10%;">DD</th> <th style="width: 10%;">MM</th> <th style="width: 10%;">YY</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Date of Vaccination	DD	MM	YY				
Date of Vaccination	DD	MM	YY							

Based on medical examination conducted he/she is (Pls tick (✓) appropriate box)

FIT to work in food establishment (Found free from any infectious or communicable diseases)

NOT FIT to work in food establishment.

Name of the Medical Examiner: Dr. Ashok Kumar Gupta

Signature of Medical Examiner: _____

Stamp Of Medical Examiner: **Dr. ASHOK K. GUPTA**
MBBS, MD
Consulting Physician
Regd. No. 7513 (HMC)

Registration Number: _____

Date of Medical Conducted: _____

Place: _____

उपलब्ध ओ.पी.डी. सुविधाएँ

- हृदय रोग चिकित्सा
(Cardiology)
- बाल एवं भ्रूण रोग चिकित्सा
(Paediatrics & Fetal Medicine)
- बाल रोग चिकित्सा
(Paediatrics)
- स्त्री रोग चिकित्सा
(Gynaecology)
- हड्डी रोग चिकित्सा
(Orthopaedics)
- दन्त चिकित्सा
(Dental Care)
- सामान्य चिकित्सा
(General Physician)
- फिजियोथैरेपी
(Physiotherapy)
- चर्म रोग चिकित्सा
(Dermatology)
- मूत्र रोग चिकित्सा
(Urology)
- गुर्दा रोग चिकित्सा
(Nephrology)

उपलब्ध जाँच

- डायलिसिस (Dialysis)
- अल्ट्रासाउण्ड (Ultrasound)
- ईको (Echo)
- स्ट्रेस ईको (Stress Echo)
- टी.एम.टी. (T.M.T.)
- पी.एफ.टी. (Lung Function Test)
- ई.सी.जी. (E.C.G.)
- ई.ई.जी. (E.E.G.)
- एक्स-रे (X-Ray)
- मैमोग्राफी (Mammography)
- ओ.पी.जी. (Dental X-Ray)
- हॉल्टर टेस्ट (Holter Test)

Ref. No.:.....

Date:.....

Name of patient: Mr. Sovran Pal	Age: 29	M/F: M
Consultant:	Speciality: Package	
MR No : MR008060	Visit No: OP016862	Date: 06-06-2019

HT = 5' 3"
WT = 84 kg
RA = 66 mmHg
BP = 120/75 mmHg
Chest
C/S
A/S

Not for Medico Legal Purpose

खून एवं मल-मूत्र की जाँच NABL द्वारा मान्यता प्राप्त MoIQ लैब द्वारा की जाती है।

सम्पर्क सूत्र: 0124-2224102 / 103 / 104 | Mob.: 8683061905, 8683061906

ओ.पी.डी. पर्ची का शुल्क केवल तीन दिन के लिए मान्य रहेगा।

Radiology Report

Name : Mr. Sovran Pal
Age/Gender : 29 Y/M
Prescribed Doctor : Self

MR No : MR008060
Visit ID : OP016862
Report Date : 06-06-2019 15:24

X-Ray

X-RAY CHEST PA VIEW

Rotated & mid expiratory radiograph.

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

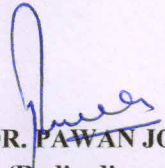
Trachea is central.

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)