

Annexure-2
Self-Health Declaration
(Please ✓ Mark Where Applicable)



1 PERSONAL DETAILS:

Name: First Name RAHUL Middle Name Surname TIBREWAL

Address: 1802, LAKESHORE HEIGHTS (IA), NEW MHADA COLONY, POWAI

City: MUMBAL Pin: 400072

Birth Place: HOWRAH Birth Date: 03/10/1991 Religion: HINDU
(dd/mm/yyyy)

Post applied for: SENIOR ASSOCIATE Marital Status: Married / Unmarried Gender: M / F

2 PREVIOUS EMPLOYMENT: Yes / No If yes specify

Name	Nature of work	Duration
i) CAPWISE FINANCIAL SERVICES	INVESTMENT BANKING	9 MONTHS
ii)		
iii)		

3 NAME OF FAMILY DOCTOR:

Address:

Contact Details:

4 PERSONAL HABITS:

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

5 MEDICAL HISTORY:

i) **ANY DISABILITY:** Yes / No If yes specify with disability %

N/A

ii) **PERSONAL HISTORY:**

- Are you in good health and capable of full work
- Have you ever suffered from job related disease or injury?
- Have you ever been discharged or rejected on medical grounds?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

INVESTMENT BANKING, 9 MONTHS.

iii) Have you ever suffered from any of the following (Answer Yes or No. if yes, give details)

Y	N		Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hepatitis-B
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cancer
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bronchitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any allergy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic lung disease (e.g. Pleurisy Pneumonia etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy, Fits, Fainting or Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental disorder of any kind
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any major operation or injury	<input type="checkbox"/>	<input type="checkbox"/>	Any other illness

Details of the above if "Yes") ACL tear. operated in december 2013. Fully well now

(For female candidates only)

Are you pregnant at present? Y N

Date of L.M.P. _____

iv) Immunization: Yes No

Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Acute [2 doses].

6 FAMILY HISTORY:

Has anyone of your parents suffered from any of the following: Yes / No

(If yes, Please ✓ Mark Where Applicable)

	Father	Mother
Hypertension	✓	✓
Heart Disease	✓	✓
Cancer	✓	✓
Diabetes	✓	✓
Tuberculosis	✓	✓
Epilepsy	✓	✓
Any other Disease	✓	✓

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father	57	Fair	/	
Mother	50	Fair		
Spouse	30	Good		
Children-1	4	Good		
Children -2				

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

Date: 22/06/2024

Rahul Jibson

(Signature of Candidate)

MER- MEDICAL EXAMINATION REPORT

Date of Examination			
NAME	RAHUL TIBREWAL		
AGE	32	Gender	M
HEIGHT(cm)	182	WEIGHT (kg)	113
B.P.	110/70		
ECG	76		
X Ray	NAD		
Vision Checkup	Color Vision : N		
	Far Vision Ratio : 6/9-R 6/6-Lt (CR)		
	Near Vision Ratio : NS		
Present Ailments	HTN on LBM		
Details of Past ailments (If Any)	Nil		
Comments / Advice : He / He is Physically Fit			

Signature with Stamp of Medical Examiner


DR. PARAG A. DHADHAN
 MBBS
 (M) (D)
 Central
 Gardens,
 SEVA MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rahul T on 22/6/24

After reviewing the medical history and on clinical examination it has been found that he/she is

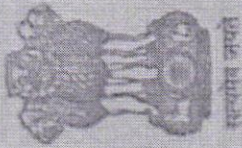
	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

Dr. PARAG A. PRADHAN

This certificate is not meant for medico-legal purposes

MBBS
 Approved By DG Shipping (GOI)
 Reg. No. (MCO) 61234
 1-2-103-104, Galaxy Plaza, Central
 Avenue Road, Hiranandani, Colaba, S.
 E. Dist. Mumbai-400070
SEA BIRD MEDICARE CENTRE



भारत सरकार

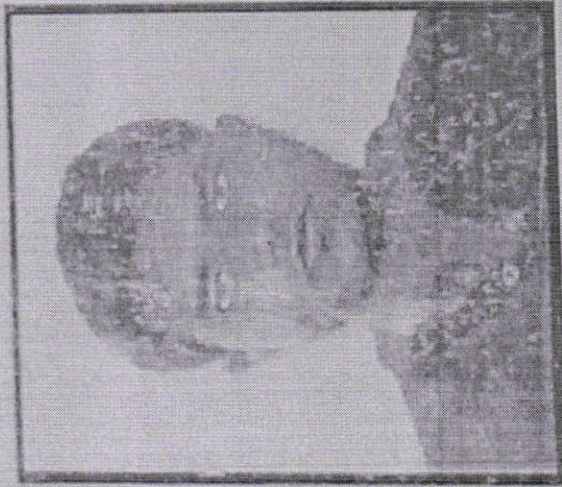
GOVERNMENT OF INDIA

রাহুল তিবরওয়াল

Rahul Tibrewal

জন্মতারিখ/DOB: 03/10/1991

পুরুষ/ MALE



9720 7156 0927

VID : 9129 2355 7477 1472

साधारण - आम आदमी का अधिकार

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - AHMEDNAGAR
AHMEDNAGAR, AHMEDNAGAR,
Maharashtra, - 0

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd).
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

35-40 Female

Shri/Smt./Kum. SHINDE, SONALI MAHESH

P.F. No. 602127

Designation : Asst Manager

Checkup for Financial Year

2023-
2024

Approved Charges Rs.

3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application - Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

ations apply.

व्यापार व वैयक्तिक
सोने तारण कर्ज उपलब्ध
* सोपी सुलभ व जलद व
* कमीत कमी कागदपत्रे



Union Home

GET INSTANT HOME LOAN
AT ATTRACTIVE TERMS
WITH MINIMUM PAPERWORK

Interest on daily
reducing balance

अधिक माहित

कर्ज वितरण करणारी शा



PID NO. : CFA1009

Name : RAHUL TIBREWAL

Sex / Age : Male / 32 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Reg. Date

22-Jun-2024 / 11:53 am

Coll Date

22-Jun-2024 / 11:58 am

Report Date

23-Jun-2024 / 3:13 pm

REPORT

BIOCHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Serum S.G.P.T. (Serum, Method- IFCC without/with PDP)	106.13	U/L	0 - 41
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.91	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.19	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.72	mg/dl	0.0 - 0.90
Serum Creatinine (Serum, Method- Kinetic Jaffe's)	1.16	mg/dl	0.62 - 1.17
BUN (Blood Urea Nitrogen), serum Method: Urease	12.02	mg/dl	6.0 - 20.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----



MC - 5321

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

Proudly... Caring For You

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CONDITIONS OF REPORTING

SEA BIRD MEDICARE CENTRE (DIVISION OF SEA BIRD MEDICARE PVT LTD)

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A. SEA BIRD MEDICARE CENTRE

Corporate Office: B-401, Heritage Plaza, Teli Cross Lane, Andheri East (Nr Station) Mumbai 400069

Central Laboratory: 102-103-104 Gateway Plaza, Central Avenue Road, Hiranandani Gardens Powai, Mumbai 400076, India

B. Enquiry and Home Visit Booking

022 25701053 / 9324924370 or

admin@seabirdhf.com

C. Sea Bird Medicare services are also available at:

Powai (Mumbai), Andheri East (Mumbai), Kochi (Kerala)

www.seabirdhf.com



PID NO. : CFA1009

Name : RAHUL TIBREWAL

Sex / Age : Male / 32 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

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22-Jun-2024 / 11:58 am

Report Date

23-Jun-2024 / 3:12 pm

REPORT

Biochemistry Report

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BUN (Blood Urea Nitrogen) Serum, Method: Urease	12.02	mg/dl	6.0 - 20.0
Creatinine Serum, Method-Kinetic Jaffes	1.16	mg / dL	0.62 - 1.17 mg/dl
BUN/Creatinine Ratio Calculated	10.4		10 - 20.1

----- End of Report -----



MC - 5321

Priya

PRIYA PANDEY
Lab Technician



Ritesh

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

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PID NO. : CFA1009

Name : RAHUL TIBREWAL

Sex / Age : Male / 32 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Reg. Date

22-Jun-2024 / 11:53 am

Coll Date

22-Jun-2024 / 11:58 am

Report Date

23-Jun-2024 / 3:12 pm

REPORT

BLOOD GLUCOSE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	81.53	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	99.25	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispal CXL PRO PLUS Biochemistry Analyser.

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680



MC - 5321

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REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----



MC - 5321

Priya

PRIYA PANDEY
Lab Technician



Ritesh

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"O"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

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23-Jun-2024 / 3:12 pm

REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	16.3	gm/dl	13.0 - 17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	5.44	million / cumm	4.5- 5.5
PCV	47.2	%	40- 50
MCV	86.9	fL	83 - 101
MCH	30	pg	27 - 32
MCHC	34.5	gm / dl	31.5 - 34.5
RDW (CV)	12.6	%	11.6- 14.0
Total W.B.C. Count	6540	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	52	%	40 - 80
Lymphocytes	40	%	20 - 40
Eosinophils	02	%	1 - 6



MC - 5321

PRIYA PANDEY
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680



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B. Enquiry and Home Visit Booking

022 25701053 / 9324924370 or
admin@seabirdhf.com

C. Sea Bird Medicare services are also available at:

Powai (Mumbai), Andheri East (Mumbai), Kochi (Kerala)



PID NO. : CFA1009

Name : RAHUL TIBREWAL

Sex / Age : Male / 32 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	06	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	344000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----



MC - 5321

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REPORT

Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	10	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY
Lab Technician

DR. RITESH KHARCHE
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Pathologist
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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)



MC - 5321

Priya

PRIYA PANDEY
Lab Technician



Page 9 of 10

Ritesh

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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

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URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	2 - 3 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

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E. C. G. REPORT

RATE 70 L Q. WAVE N

RHYTHM Reg QRS COMPLEX N

VOLTAGE N ST. SEGMENT N

P. WAVE N T. WAVE N

PR. INTERVAL N

REMARKS as per no sign. ST-T change



ELECTROCARDIOGRAPHIC REPORT



Sea Bird
Sea Bird Medicare Pvt Ltd.
(ISO: 9001 - 2015)

NAME Lakul. Tibrewal

AGE 32 DATE 22/06/2024

- 101-102, Heritage Plaza, Telli Cross Lane, Nr. Andheri (E) Stn., Andheri (East), Mumbai - 400 069. Tel.: 2682 1823, 5578 3905
- 102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Powai, Mumbai - 400076 Tel.: 2570 4157

10mm/mV 0.15~25Hz AC50

08-06-2005 07:25:26

Handwritten: Patel / 32 / Spous / 22 / 6 / 24

10mm/mV 0.15~25Hz AC

aVR

V1

V4

aVL

V2

V5

V5

aVF

V3

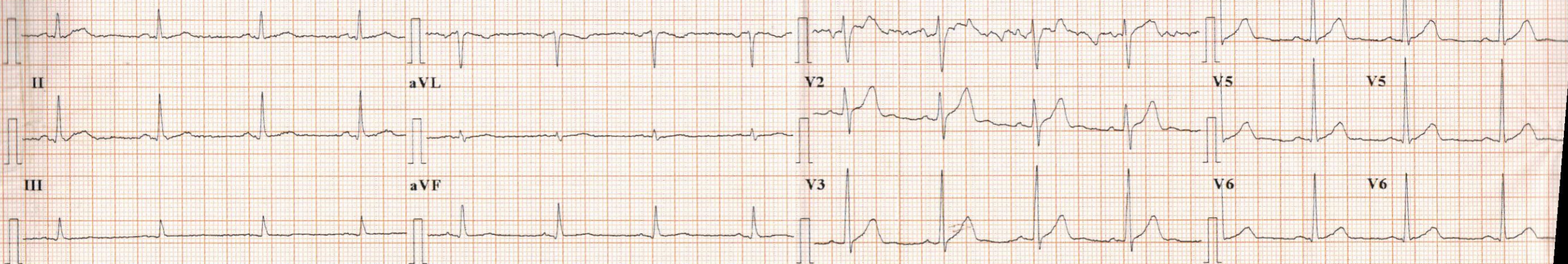
V6

V6

25mm/s ♡70

V2.47

25mm/s ♡70





SEA BIRD MEDICARE CENTRE

Report ID : **RTM226141541** Reg. : **22-Jun-2024**
Patient Name : **Mr. RAHUL TIBREWAL** Report Date : **24-Jun-2024**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **32 Year / Male**

CHEST X RAY REPORT

X-Ray No : 3643

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.


Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.


Dr. Jacob
Mathew MD

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