

Annexure-2

Self-Health Declaration (Please ✓ Mark Where Applicable)

PASTE YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH

1 PERSONAL DETAILS:

Name: First Name Nilesh Middle Name Kunwar Surname Makant
Address: 104, Building 4, MHADA ~~Box~~ Rambaug Pawar
City: Mumbai Pin: 400076
Birth Place: Gwalior Birth Date: 20-03-1982 Religion: Hindu
(dd/mm/yyyy)
Post applied for: _____ Marital Status: Married / Unmarried Gender: M/F

2 PREVIOUS EMPLOYMENT: Yes / No If yes specify

Name	Nature of work	Duration
i) _____		
ii) _____		
iii) _____		

3 NAME OF FAMILY DOCTOR:

Address: _____

Contact Details:

4 PERSONAL HABITS:

- NO
- i) Smoking
 - ii) Tobacco chewing
 - iii) Alcohol
 - iv) Any other

5 MEDICAL HISTORY:

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

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)

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

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

Details of the above if "Yes")

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

covid vaccine taken

6 FAMILY HISTORY:

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

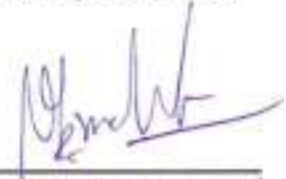
(If yes, Please ✓ Mark Where Applicable)

	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	65	Fairly		
Mother	57	Good		
Spouse	37	Fair		
Children-1	9	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:


 (Signature of Candidate)

Annexure-3

Pre-Employment Medical Assessment

(All details given below will be filled by examine physician & treated as confidential)
(Please ✓ Mark Where Applicable)

- 1 Personal Habits:** *No*
- i) Smoking
 - ii) Tobacco chewing
 - iii) Alcohol
 - iv) Any other

2 Medical History:

i) Any Disability: Yes / No If yes specify with disability %

ii) Personal History:

Dm on Rx.

iii) Known case of or past history of

Jaundice, Typhoid, Measles in childhood

iv) Immunization:

Yes No

Tetanus Toxoid

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Hepatitis B

Others

cowd.

v) Family History:

Has anyone of parents suffered from

<input checked="" type="checkbox"/>	Hypertension
<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	Cancer

<input checked="" type="checkbox"/>	Diabetes
<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Any other Disease

3 Physical Examination:

- i) Build: Poor / Average / Strong _____ Skin: N
- ii) Throat: N Tonsils: N Thyroid: N Lymph nodes: _____
- iii) Teeth & Gums: ✓ Tongue: _____
- iv) Height 172 cms Weight 141 kg BMI 47.2
- v) Identification marks:

ID → cut mark on forehead

1 Vision (To be checked by eye specialist):

General Eye examination: _____

		Rt	Lt	Colour Vision (Pls ✓ Mark Applicable)
Visual Acuity	Distance	<u>6/6</u>	<u>6/6</u>	Normal Colour vision <input checked="" type="checkbox"/>
	Near	<u>N5</u>	<u>N5</u>	Total colour deficiency <input type="checkbox"/>
Corrected Vision	Distance	-	-	Partial Colour Deficiency <input type="checkbox"/>
	Near	-	-	
Power of lens	Spherical	-	-	If partial - pl. mention _____
	Cylindrical	-	-	
	Axis	-	-	

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Night Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes pl. give details _____

Lata Bajpai
Dr LATA M. BAJPAI
 MBBS, DOMS, FRVS, FRCS
 Reg No - 2005 / 08 / 3128

Signature & Seal of Ophthalmologist

v) 2D Echo/TMT: Not done

vi) PFT: FVC _____ FEV1 _____ FEV1/FVC % _____ PEFR _____

vii) Any other Investigations / clinical finding: _____

14 COMMENTS AND RECOMMENDATIONS:

(Pls ✓ Mark Applicable)

Fit Unfit

Remarks: _____

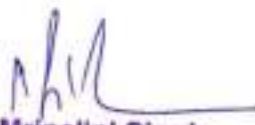
Details of Examining Physician:

Name: Dr Mrinalini Singh

Registration No.: 2019/02/0392

Address: _____

Contact No.: _____


Dr. Mrinalini Singh
Consultant Physician
MBBS, DNB, MRCP (UK), EDIC
Reg. No. 2019/02/0392

Signature with Seal of Examining Physician

For office use only:

Date of receipt of original documents: _____ PEM No.: _____

MDMS No.: _____

Medically Fit Temp. Unfit Unfit

Special Remarks: _____



Sea Bird
Sea Bird Medicare Centre

Report ID : **NKMM251113412** Reg. : **25-Nov-2023**
Patient Name : **Mr. NILESH KUMAR MAHANT** Report Date : **27-Nov-2023**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **36 Year / Male**

CHEST X RAY REPORT

X-Ray No : 4634

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**

Proudly... Caring For You

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Tell Cross Lane, Andheri East (Nr. Station), Mumbai- 49. Tel: 022- 48032704
Fowal: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com



PID NO. : BKA0928
Name : NILESH KUMAR MAHANT
Sex / Age : Male / 36 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
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25-Nov-2023 / 2:34 pm
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REPORT

Lipid Profile

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol Serum, Method: CHOD-PAP	179.91	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	75.2	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	48.11	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	116.76	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	15.04	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	3.74		Acceptable for Male : < 5.00 Acceptable for Female : <4.50



MC - 5321

Pritam Dhanawade

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Lab Technician



DR. Ritesh Kharche

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist

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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)



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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.	104.68	mg/dl	70.00 - 100.00 mg/dl

Urine Glucose (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

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

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



Pritam Dhanawade

Pritam Dhanawade
Lab Technician

DR. Ritesh Kharche

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist



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REPORT

Blood Group

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

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

———— End of Report ————

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DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist

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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	13.6	gm/dl	13.0 - 17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	5.2	million / cumm	4.5- 5.5
PCV	42.4	%	40- 50
MCV	81.6	fL	83 - 101
MCH	26.2	pg	27 - 32
MCHC	32.1	gm / dl	31.5 - 34.5
RDW (CV)	15.2	%	11.6- 14.0
Total W.B.C. Count	11510	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	76	%	40 - 80
Lymphocytes	20	%	20 - 40
Eosinophils	02	%	1 - 6



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Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	02	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	406000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Leucocytosis.

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 is manual by Pathologist.)

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



MC - 6321

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LIMITED

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Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	43	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

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PID NO. : BKA0928
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Sex / Age : Male / 36 Years
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

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REPORT

Glycosylated Haemoglobin (HbA1c)

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
HbA1c	6.97	%	< 5.7
Non-diabetic : <= 5.7 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)			
Mean Blood Glucose (MBG)	170.83	mg/dl	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used : $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For Hb > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - Heterozygous state detected (D10/ Tosha G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %
 - Fair to Good Control - 7 to 8 %
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %

———— End of Report ————

Pritam Dhanawade

Pritam Dhanawade
Lab Technician

Dr. Ritesh Kharche

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist



MC - 6321

Proudly... Caring For You

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

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REPORT

LFT

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	70.29	U/L	40 - 129

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

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



MC - 5321

Pritam Dhanawade

Pritam Dhanawade
Lab Technician



DR. Ritesh Kharche

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist

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REPORT

Lipid Profile

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	2.43		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:

- 1) Biological Reference Interval is as per National Cholesterol Education Program (NCEP) guidelines.
- 2) Tests done on Fully Automated Mispac CXL PRO PLUS Biochemistry Analyser.

———— End of Report ————



MC - 5321

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REPORT

Liver Function Tests

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
S.G.O.T. (Serum, Method-IFCC / UV without P5P)	18.36	U/L	0 - 40
S.G.P.T. (Serum, Method- IFCC / UV without P5P)	14.65	U/L	0 - 41.0
GGT (Serum, Method- IFCC Method)	31.73	U/L	8 - 61
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.38	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.16	mg/dl	0.0 - 0.30
Bilirubin (Indirect) Calculated	0.22	mg/dl	0.0 - 0.90
Total Proteins (serum, Method-Biuret)	6.9	g/dl	6.6 - 8.7
Albumin (Serum, Method-Bromocresol Green)	3.82	g/dl	3.5 - 5.2
Globulin Calculated	3.08	g/dl	1.90 - 3.70
A/G ratio Calculated	1.24		

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

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

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DR. RITESH KHARCHE
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RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	17.93	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	8.37	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.7	mg/dL	0.7 - 1.2 mg/dl
Uric Acid Serum, Method: Uricase-POD	8.79	mg/dl	3.4 - 7.0

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

———— End of Report ————

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REPORT

THYROID FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
TSH	4.03	µIU/ml	0.25-5 µIU/ml
T3	1.67	nmol/l	0.92-2.33 nmol/l
T4	94.58	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

T3 : Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 : Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyrokin-binding globulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

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

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URINE ANALYSIS

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	5.5		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
CHEMICAL EXAMINATION			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)



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PID NO. : BKA0928

Name : NILESH KUMAR MAHANT

Sex / Age : Male / 36 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

25-Nov-2023 / 2:34 pm

Coll Date

25-Nov-2023 / 2:39 pm

Report Date

26-Nov-2023 / 3:59 pm

REPORT

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	1 - 2 / 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/oxidase 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 ————

Pritam Dhanawade
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist



MC - 5321

Broadly... Caring For You

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

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1. Individual Laboratory Investigation should not be considered as conclusive and should be used along with other relevant clinical examination to achieve the final diagnosis. The reported results are for the information of the referring doctors only.
2. The test results relate only to the item/ items in our laboratory.
3. The values of a laboratory investigation are dependent on the quality of sample as well as the assay procedure used.
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10. All dispute / claims concerning to this report are subject to Mumbai jurisdiction only.

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)