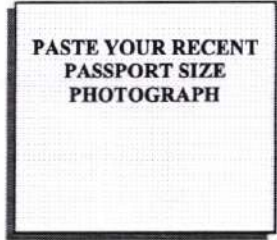


**Annexure-2**

**Self-Health Declaration**

(Please ✓ Mark Where Applicable)



**1 PERSONAL DETAILS:**

Name: Prathamesh Santosh Chavan  
Address: H/1, Jay Bharat Soc, Sunder Baug Kamani (W),  
Kurla,  
City: Mumbai Pin: 400070  
Birth Place: Mumbai Birth Date: 24/10/02 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)	<u>NA</u>		
ii)			
iii)			

**3 NAME OF FAMILY DOCTOR:**

Address:

Contact Details:

**4 PERSONAL HABITS:**

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

**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 checked="" 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)

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

**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	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Any other Disease	<input type="checkbox"/>	<input type="checkbox"/>

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father	60	Good		
Mother	54	Good		
Spouse	—	—		
Children-1	—	—		
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: 30/8/2024 .

  
(Signature of Candidate)

MER- MEDICAL EXAMINATION REPORT

Date of Examination	30/8/2024.		
NAME	Prathamesh chavan		
AGE	21	Gender	Male
HEIGHT(cm)	5.5	WEIGHT (kg)	50
B.P.	110/70 mmHg		
ECG	WNL		
X Ray	N		
Vision Checkup	Color Vision : (P)		
	Far Vision Ratio : 6/6 (CR)		
	Near Vision Ratio : N/5 (LR)		
Present Ailments	Bifocal		
Details of Past ailments (If Any)	—		
Comments / Advice : <del>She</del> /He is Physically Fit	—		




Signature with Stamp of Medical Examiner

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


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prathamesh. Chavan on 30/8/2024.

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Indirect bilirubin = 1.04</u>.....</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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

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

**Dr. \_\_\_\_\_**  
**Medical Officer**  
**The Apollo Clinic, (Location)**

*This certificate is not meant for medico-legal purposes*

1. This certificate is not valid for medico-legal purposes.  
 2. This certificate is not valid for medico-legal purposes.  
 3. This certificate is not valid for medico-legal purposes.  
 4. This certificate is not valid for medico-legal purposes.



सत्यमेव जयते  
भारत सरकार



आधार

भारत सरकार  
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

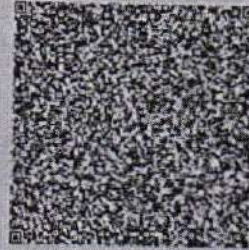
नोंदणी क्रमांक / Enrollment No.: 0013/37002/03672

To  
प्रथमेश संतोष चव्हाण  
Prathamesh Santosh Chavan  
S/O Santosh Pandurang Chavan,  
Near Santoshi Mata Mandir, H/1, Jay Bharat Soc,  
Sundar Baug Kamani,  
VTC: Kurla (West),  
District: Mumbai,  
State: Maharashtra,  
PIN Code: 400070,  
Mobile: 8433656856

67445603



MF674456037F1



आपला आधार क्रमांक / Your Aadhaar No. :

**2883 7731 4959**

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



आधार

Issue Date : 13/12/2011



प्रथमेश संतोष चव्हाण  
Prathamesh Santosh Chavan  
जन्म तारीख / DOB 24/10/2002  
पुरुष / Male

**2883 7731 4959**

माझे आधार, माझी ओळख

*Prathamesh*

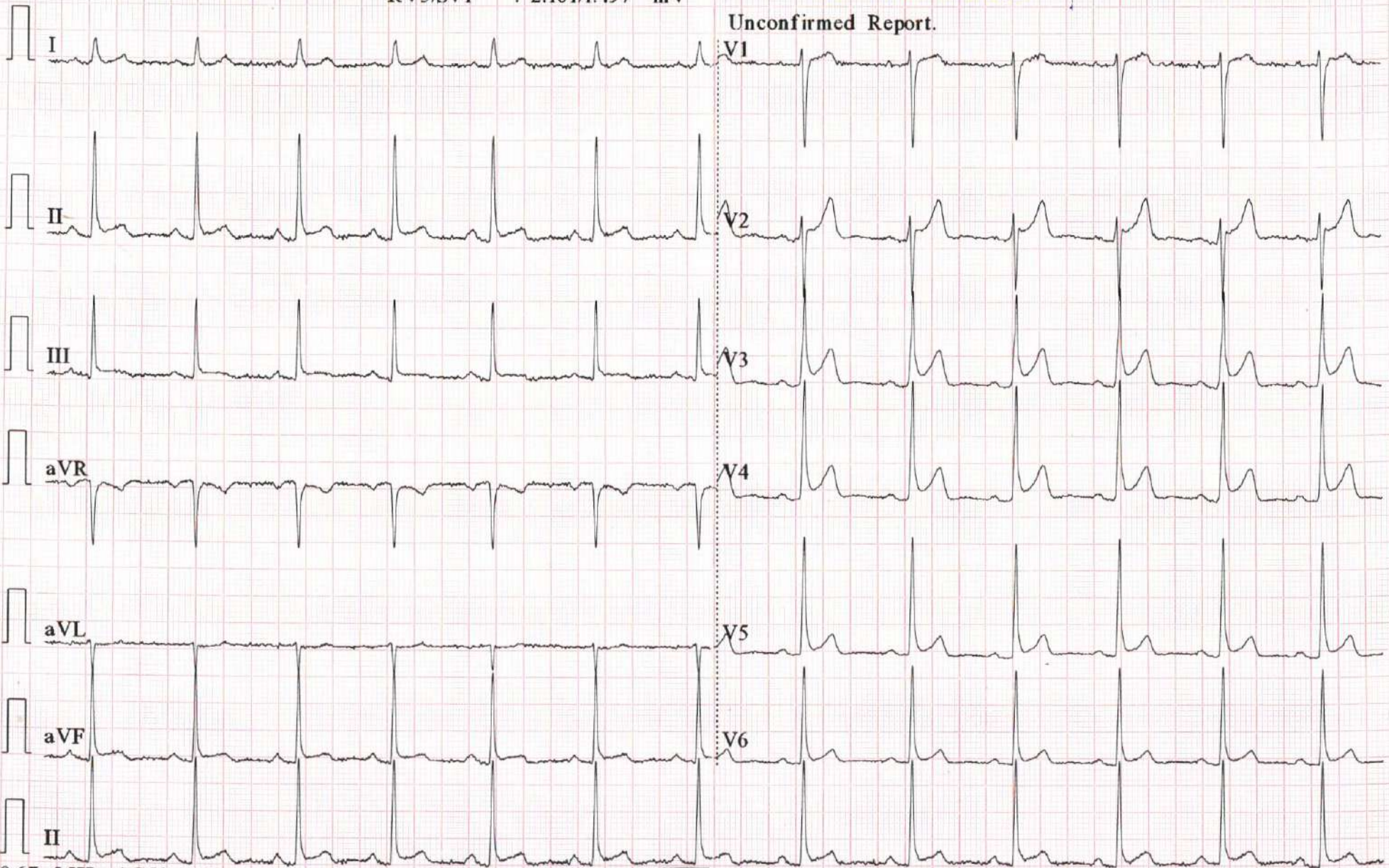
ID: 1142  
PRATHAMESH  
Years ( / / )

30-08-2024 11:05:45  
HR : 78 bpm  
P : 104 ms  
PR : 164 ms  
QRS : 100 ms  
QT/QTcBz : 334/381 ms  
P/QRS/T : 66/75/49 °  
RV5/SV1 : 2.161/1.497 mV

Diagnosis Information: *GNL* ✓

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

Unconfirmed Report.





PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 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

30-Aug-2024 / 9:43 am

Coll Date

30-Aug-2024 / 9:48 am

Report Date

30-Aug-2024 / 4:18 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)	17.60	U/L	0 - 41
Bilirubin (Total) (Serum, Method-Diazo- End point)	<b>1.55</b>	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.15	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	<b>1.40</b>	mg/dl	0.0 - 0.90
Serum Creatinine (Serum, Method- Kinetic Jaffe's)	1	mg/dl	0.62 - 1.17

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

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

PRIYA PANDEY  
Lab Technician



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



## CONDITIONS OF REPORTING

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

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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](mailto:admin@seabirdhf.com)

C. Sea Bird Medicare services are also available at:

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

[www.seabirdhf.com](http://www.seabirdhf.com)



PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

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Gardens, Powai, Mumbai-400076

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

Reg. Date

30-Aug-2024 / 9:43 am

Coll Date

30-Aug-2024 / 9:48 am

Report Date

30-Aug-2024 / 4:49 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	10.28	mg/dl	6.0 - 20.0
Creatinine Serum, Method-Kinetic Jaffes	1	mg / dL	0.62 - 1.17 mg/dl
BUN/Creatinine Ratio Calculated	10.28		10 - 20.1
Urea (Serum, Method-Urease)	22	mg/dl	16.6 - 48.5

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

Pritam Dhanawade  
Lab Technician

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



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[admin@seabirdhf.com](mailto:admin@seabirdhf.com)

C. Sea Bird Medicare services are also available at:

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



PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 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

30-Aug-2024 / 9:43 am

Coll Date

30-Aug-2024 / 9:48 am

Report Date

30-Aug-2024 / 4:18 pm

**REPORT**

**BLOOD GLUCOSE**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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	90.29	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	75.99	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

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

*Dhanawade*

Pritam Dhanawade  
Lab Technician



*Ritesh Kharche*

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

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704  
Powai: 022-25701053 / 25704157  
Kochi: 0484- 2322022 / 4032022

## CONDITIONS OF REPORTING

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[www.seabirdhf.com](http://www.seabirdhf.com)



PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 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

30-Aug-2024 / 9:43 am

Coll Date

30-Aug-2024 / 9:48 am

Report Date

30-Aug-2024 / 4:50 pm

**REPORT**

**BLOOD GLUCOSE**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
-------------	---------------	--------------	--------------------------------------

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

Pritam Dhanawade  
Lab Technician



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

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PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

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

Reg. Date

30-Aug-2024 / 9:43 am

Coll Date

30-Aug-2024 / 9:48 am

Report Date

30-Aug-2024 / 2:40 pm

**REPORT**

**Blood Group**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<b>BLOOD GROUP</b>			
ABO Group	"A"		
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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Powai: 022-25701053 / 25704157



## CONDITIONS OF REPORTING

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PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 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  
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Gardens, Powai, Mumbai-400076

Reg. Date

30-Aug-2024 / 9:43 am

Coll Date

30-Aug-2024 / 9:48 am

Report Date

30-Aug-2024 / 4:49 pm

## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	16.1	gm/dl	13.0 -17.0
<b>RED BLOOD CELLS</b>			
R.B.C. Count	5.14	million / cumm	4.5- 5.5
HCT	48.5	%	40- 50
MCV	94.4	fL	83 - 101
MCH	31.3	pg	27 - 32
MCHC	33.1	gm / dl	31.5 - 34.5
RDW (CV)	14	%	11.6- 14.0
Total W.B.C. Count	5870	/cu.mm.	4000 - 10000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	58	%	40 - 80
Lymphocytes	36	%	20 - 40
Eosinophils	03	%	1 - 6

*Dhanawade*

Pritam Dhanawade  
Lab Technician



Page 6 of 10

*Ritesh Kharche*

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

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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

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PID NO. : CHA1402

Name : PRATHAMESH SANTOSH CHAVAN

Sex / Age : Male / 21 Years

Ref By : APOLLO HEALTH AND LIFESTYLE  
LIMITED

Reference :

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## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	03	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	389000	/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 -----

Pritam Dhanawade  
Lab Technician



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

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Sex / Age : Male / 21 Years

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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	07	mm at 1hr	0 - 15

Method: Westergren.  
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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**REPORT**

**URINE ANALYSIS**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
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
<b><u>CHEMICAL EXAMINATION</u></b>			
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)

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DR. RITESH KHARCHE  
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**REPORT**

**URINE ANALYSIS**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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 -----

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# SEA BIRD MEDICARE CENTRE

Report ID : **PSCM30810151** Reg. : **30-Aug-2024**  
Patient Name : **Mr. PRATHAMESH SANTOSH CHAVAN** Report Date : **31-Aug-2024**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **21 Year / Male**

## CHEST X RAY REPORT

X-Ray No : 5141

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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