

Health Declaration Form**Personal Details:**

Employee Name	Ampil Kumar Verma	Emp Id	00158586
Joining Location	Bengaluru	DOJ	08/05/2023

Please answer the following correctly. This information will help us to provide/arrange any medical or special assistance in case of any emergency. This is not intended to be referred for any hiring or post hiring related decisions:

Have you ever had or currently suffering from: - (tick the relevant box)	YES	NO	If YES, please mention details (use separate sheet, if required)
Heart Disease or Heart related ailments		No	
Very High or low Blood Pressure		No	
Asthma or other respiratory illness		No	
Any major physical condition that requires special assistance		No	
Drug Use (specify if prescription based)		No	

In the past 12 months, have you: -	YES	NO	If YES, Please Comment
Undergone any major surgeries?		No	
Had any major injuries/ fractures?		No	
Under medication for any chronic or critical illness?		No	

If you are a female employee: - (this information is to ensure due maternity related care & benefits as per law/company policy)

Are you pregnant?		No	
If yes, what is the expected date of delivery?			
Any special care advised by doctor or support needed			

Please read and sign the declaration below:

I hereby certify that to the best of my belief and knowledge the answers given above are true and complete. I further certify that as per the terms of my appointment, I am medically and physically fit to do and fulfill my duties and responsibilities for which the organization has hired me. I understand that the medical information gained from this questionnaire and any subsequent investigation remain confidential but may be used by Birlasoft Ltd. to advise my customer/project managers on any reasonable adjustments that the business and, I, the undersigned, may require to enable me to undertake the duties of the job.

Signed:Ampil Vay**Location & Date:** Bengaluru, 08/05/2023