## TATA CONSULTANCY SERVICES

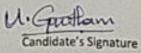
Experience certainty.



| Med | 11    | C    | 16        |      | E CH | mace  |
|-----|-------|------|-----------|------|------|-------|
| Mea | Icali | Cert | 111 (0.2) | te o |      | 11655 |

Please fill in the complete form, sign it and hand over to your Induction Coordinator

| To be filled by Cand  | idate   |                                    |          |              |                                     |
|---|---|------------------------------------|----------|--------------|-------------------------------------|
| Candidate's Personal D<br>//<br>Mr./Mrs./Ms./Miss/Dr. Fir   | etails:<br>st Name: <u>Gowlham Sa</u> r   | Kar Sailast Nan                    | ne: 1    | llaw         | rula 66                             |
| Gender: V Male Fe   | emale Date  | of birth (DD/MM/                   | m 1=     | 1/02/        | 1999                                |
|   |   |                                    |          |              |                                     |
| Contact No: (M) 9381  |   | Blood                              | Group:   |              |                                     |
| Candidate's Medical H   | ndidate's Medical Details   |                                    | Yes      | No           | Please provide the details          |
| Do you suffer from any det  |   |                                    |          | V            |                                     |
| Can you readily distinguish   | between the pigmentary colors   | /                                  |          |              |                                     |
| Do you suffer from a degree of deafness which would prevent your hearing of normal conversation and ordinary sound signals? |   |                                    |          | /            |                                     |
| Do you have any physical physical assistance for mo   | deformity / handicap or use any<br>bility?  | mechanical /                       |          | /            |                                     |
| Do you have any congenit  | al disorder / abnormality?  |                                    |          | ~            |                                     |
| Denression, Anxiety Neuro   | osed to have any Psychiatric ailmosis, Phobic Disorders, Schizophr<br>ny other Psychiatric illness? | nent including<br>enia, Manic      |          | /            |                                     |
|   | critical illness or operation in th   | e last two years?                  |          |              |                                     |
| employment apportunity  | alified on medical grounds from   |                                    |          | /            |                                     |
| Have you ever been diagn<br>condition that may requir   | osed with or do you suffer from<br>e you to take Medical Leave ove                                  | any other Medical<br>r the next 12 |          | 1            |                                     |
| tune of growth?   | osed to have Cancer, Tumor, Cy  |                                    |          | ~            |                                     |
| Have you ever been diagr  | nosed with an alcohol or drug about for the same?   |                                    |          | ~            |                                     |
| Have you ever suffered o  | r suffering from any of the follow  | ving? (Please (✓) ticl             | k wherev | ver applical | ble and provide necessary details.) |
| Valve Disorders   | Valve Disorders High Blood Pressure Stroke  |                                    |          | 200          |                                     |
| Heart Attack  | Diabetes  | Tuberculosis                       |          |              |                                     |
| Angina Pectoris   | Asthma  | Slipped disc                       | Onto     |              |                                     |
| Arthritis   | Arthritis Obesity Epilepsy  |                                    |          |              |                                     |
| Night Blindness   | Hepatitis B   | Hepatitis C                        |          |              |                                     |



## Candidate's Declaration:

I declare that to the best of my knowledge, the answers to the questions in this form are correct and that I am not suffering from any disease/illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer/appointment. I have no objection to Tata Consultancy Services Ltd. seeking further information either directly from me or from my Consulting doctor or other appropriate doctor. In case of any discrepancy arising out of my declaration, I will be undergoing the medical check-up by the Company's suggested medical clinic/doctor and their findings will be fully binding on me and any action thereon towards my employment will be accepted by me.

Signed: Magonthan

Date: (DD/MM/YY) 02/18/201

The Candidate needs to ensure that a legally qualified and registered medical practitioner with minimum qualification as M.B.B.S. completes this form. Additional sheets may be attached if more space is required.

Note: The candidate is responsible for any costs associated with the preparation of this report.

| To be filled by Medical Practitioner  |
|---|
| Doctor's Details:   |
| Full name (as listed on applicable state registry) Dr. Wayy Baloath   |
| Registration ID: 60167 Contact No: (Day time)   |
| Postal Address: <u>Adalahan</u>   |
| Doctor's General Examination Remarks:   |
| Weight: 72 (Kgs) Height: 180 (cms) Blood Pressure: 120 80 (mm hg)   |
| Pulse: 72 (min) BMI (Calculated Value): 22.8 (Normal)   |
| General Examination Findings: NAD   |
| Systemic Examination - CVS/RS/Abd/CNS/Others: Name  |
| Doctor's Declaration:   |
| I, certify that I have carefully examined Mr./Mrs./Ms./Miss/Dr U. Goustha Laylor son/daughter of Mr.  |
| U. JRASAD He/she is medically fit/unfit for employment with TCS.  |
| Remarks: NUL  |
| Remarks:  |
| MEDICAL OFFICER   |
| Signed & Sealed: Date: (DD/MM/YY) Date: |
| 2001  |