

## **Medical Declaration**

1.	Do you have any defect or problem of vision? $N$	
2.	Can you readily distinguish between the pigmentary colors? $N$	
3.	Do you suffer from a degree of deafness which would prevent your hearing of normal conve	ersation? N
4.	Do you have any physical deformity / handicap? $N$	
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5. Do you have any congenital disorder / abnormality? N

6.	Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness? $N$
7.	Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same? $N$
8.	Have you ever been disqualified on medical grounds from any previous employment opportunity? $N$
9.	Have you ever been suffering from any Medical condition that may require you to take Medical Leave over the next 12 months? $N$
10.	Have you had any form of critical illness or operation

in the last two years? N

Have you ever been diagnosed to have Cand	cer, Tumor, Cyst or any similar type of growth? $N$
Have you ever suffered/are you suffering from	m any of the following?
Heart Attack : N Diabetes	: <b>N</b>
$\mbox{High Blood Pressure} \ : \ N \ \ \ \mbox{Stroke}$	: N
Night Blindness : N Valve Disord	ders : N
Asthma : N Slipped disc	: N
Any other major disease/illness that you may	be willing to disclose?

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Date : 2024-03-13

## Amit kumar

Signature of the Employee