

Application form for Authorized Certifying Surgeon

To,

The Director,
Industrial Safety & Health,
5th Floor Kamgar Bhavan,
E-block, C-20, Bandra-Kurla Complex,
Bandra (E) Mumbai-400 051,



Sub. : Application for Authorized Certifying Surgeon

Respected Sir,

With respect to above mentioned subject, I am submitting following information:

1	Name of Applicant	Dr. Ranjeet K. Kale
2	Name of District Applied for Authorized Certifying Surgeon	Mumbai.
3	Name & Address of Clinic / Hospital	Sparshad Nursing home 1st floor Sai Srishti, Bldg. VRS Road, Bhandup (E) Mumbai 78.
4	Pin code	Mumbai 400078.
5	Address of Correspondence	B-201, Shirner's Apph. Nats Pai Nagar, Ghatkopar (E) Mumbai 77
6	Pin code	400077
7	Phone / Mobile No.	9833904908.
8	E-mail address	dr.ranjeetkale@gmail.com
9	Educational Qualification	MBBS DNB DHO AFM cert. Surgeon
10	Experience regarding health check-up of Industrial Workers	5 years
11	Experience regarding working as Authorized Certifying Surgeon, if any	Mumbai, Thane
12	Facilities & equipments available at the Clinic / Hospital for Industrial workers health check-up	(i) Stethoscope (ii) BP instrument (iii) Vision chart (iv) weighing machine (v) ENT checking kit (vi) Lung function test instrument (Spiro meter) (vii) Audiometric machine (viii) ECG machine (ix) Ultra-sonography Machine (x) Stress test Machine
13	List of available Staff in clinic & their qualification	Enclosed herewith

Date: 22/06/2018

Place: Mumbai

Signature:

Applicant's Name: Dr. Ranjeet K. Kale

औद्योगिक सुरक्षा व स्वास्थ्य संचालनलय

महाराष्ट्र राज्य, कुर्मनार भवन,

५ वा मजला, २२/६/२०१८

रिझर्व बँकेच्या सुधार, बंदरा-कुर्ला संकु,

बंदरा (पूर्व), मुंबई - ४०० ०५१