

Please hand over the completed form to your Induction Coordinator

Medical Certificate of Fitness

Section 1: Candidate's Personal Details

Please fill in the complete form and sign it.

Mr./Mrs./Ms./Miss/Dr First Name: Savitha Last Name: S

Gender: Male ☐ Female ☒

Date of birth (DD/MM/YY) 01/ 02/ 2003

Contact No: (M) 6363299397 (R)

Blood Group: O+

Please affix a
Passport size
photo here and
get it attested by
your consulting
doctor

Candidate Statement

Do you have any congenital defect / abnormality? ☐ Yes ☒ No. If yes, please provide the detailsDo you have any physical deformity / handicap or use any mechanical / physical assistance for mobility? ☐ Yes ☒ No. If yes, please provide the detailsHave you had any form of serious illness or operation in the last two years? ☐ Yes ☒ No. If yes, please provide the date and details of the surgeryHave you been treated or hospitalized for cancer, Tumor, Cyst or any other growth? ☐ Yes ☒ No. If yes, please provide the detailsHas medical grounds been a reason for un-employment or you not performing a specific role in the past? ☐ Yes ☒ No. If yes, please provide the details

Have you ever suffered or suffering from any of the following?

- | | | | | | |
|--|---------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Obesity | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Blood Spitting | <input type="checkbox"/> Peptic Ulcer | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Skin Infection | <input type="checkbox"/> Bowels |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thyroid Ailment | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Slipped disc | <input type="checkbox"/> Liver disease | | | |

Have you ever suffered or suffering from any other illness or impairment not mentioned above? ☐ Yes ☒ No. If yes, please provide the details

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 Pvt. 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: Savitha S

Date: (DD/MM/YY) 05/11/2022

Section 3 - 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.

Section 3: Medical Practitioner's details

Full name (as listed on applicable state registry) Dr. Pavan

Registration ID: _____

Postal Address: Maharaja hospital

Contact No: (Day time) _____

Section 4: General Examination

Body wt: 58 kgs; Pulse: _____/min; BP: _____ mm Hg; Height: 166 cms;

Declaration

I, certify that I have carefully examined Mr./Mrs./Ms./Miss/Dr Savitha S son/daughter of Mr. Srinivas.N.

He/she is medically fit/unfit for employment with TCS.

Remarks: She is medically fit for employment with TCS

Signed: Dr. Pavan

Date: (DD/MM/YY) 05/11/2022

& Sealed