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 from and sign it. Mr./Mrs./Ms./Miss/Dr First Name: Savitha Gender: Male	Last Name: Date of birth (DD/MM/YY)// Blood Group:	
Candidate Statement		

Do you have any congenital defect / abnormality?		ि es ार्प es, please provide the details							
23.3,			or use any mechanical / physical assistance for mobility? $\overline{\ \ }$ es $\overline{\ \ \ \ }$ If yes,						
please provide the details -			es Ne. If yes, please provide the date and						
Have you had any form of serious illness or ope years? details of the surgery			€						
Have growi detail			•	or you not per	forming a s	pecific role	in the past? Wes N	e. If yes,	
Has medical grounds been a reason for unplease provide the details				Bronchitis Drug abuse Epilepsy Liver	Obesit Heart I Thyroic	, Disease d Ailment	☐ Diabetes ☐ Skin Infection Arthritis ☐	☐ Arthritis ☐ Bowels Asthma	
Have you every suffered or suffering from any following?				Have you ever	suffered or	r suffering fr	om any other illness	or impairment	
	High Blood Pressure		Stroke						
	Blood Spitting Peptic		Ulcer						
	Heart Murmur		Tuberculosi						
S	Heart attack ilipped disc								
provide	e the details								
	TCS Confidential							Pa	ge 1 of 2

Declaration

rledge, the answers to the questions in this form are correct and that I am not suffering

I declare	th I have not revealed. I full ny offer/appointment. I have	=	= =		
declaration could	m me or from my Consultin	=		=	
discrepancy arising ou	e fully binding on me and a	any action thereon t	owards my emplo	oyment will be accepted	
by me. Signed:	Date: (DD/MM,	/YY)//	0511 2022		
Section 3 - The Candidate needs to ensure tha	t a legally qualified and regis	tered medical practi	tioner with minim	um	
qualification as M.B.B.S. completes this form.	Additional sheets may be att	ached if more space	is required.		
Note: The candidate is responsible for any co	st s associated with the pre	paration of this repo	rt.		
Section 3: Medical Practitioner's details					
Full name (as listed on applicable state regist	•)_Dr. Pavan			
Registration ID:	Postal Address: Maha	aı			
hospital					
Contact No: (Day time)					
Section 4: General Examination					
Body wt: kgs; Pulse:/mir	ı;	BP:	mm Hg;	Height:	cms;
Declaration		s./Ms./Miss/Dr			son/da
I, certify that I have carefully examined	Srinivas.N	a S N			
ically fit/unfit for employment with TCS She is medically fit for employm					
		Date: (DD	/MM/YY)/_	<u>/</u> 05 11 202	22_
Signed:Dr. Pavan					
& Sealed					

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