

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: _____

Gender: Male ☐ Female ☐ Date of birth (DD/MM/YY) __/__/__

Contact No: (M) _____ (R) _____ Blood Group: _____



Candidate Statement

I declare

declaration could

discrepancy arising out of

which I have not revealed. I fully understand that any misrepresentation of this report may affect my offer/appointment. I have no objection to Tata Consultancy Services Pvt. Ltd. using my report for its internal or external use or from my Consulting doctor or other appropriate doctor. In case of any discrepancy, this report shall be fully binding on me and any action thereon towards my employment will be accepted by me.

Signed: Savitri S

by me.

Date: (DD/MM/YY) __/__/__ 0511 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: Mahatma

hospital

Contact No: (Day time) _ _____

Section 4: General Examination

Body wt: _____ kgs; Pulse: _____ /min;

BP: _____ mm Hg;

Height: _____ cms;

Declaration

s./Ms./Miss/Dr _____ son/daughter
a S

I, certify that I have carefully examined

_____ Srinivas.N

_____ medically fit/unfit for employment with TCS.

She is medically fit for employment with TCS

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

Signed: _____ Dr. Pavan

& Sealed