

Please hand over the completed form to your Induction Coordinator

## Medical Certificate of Fitness

## Section 1: Candidate's Personal Details

\_\_\_\_Savitha\_\_\_\_ Last Name: S\_\_\_\_

Please fill in the complete form and sign it. Date of birth (DD/MM/YY) \_01\_/02\_/2003\_

Mr./Mrs./Ms./Miss/Dr First Name: \_\_\_\_\_ Blood Group: \_0+\_\_\_\_

Gender: Male ☐ Female ☒

Contact No: (M) 6363299397\_\_\_\_ (R)



## Candidate Statement

☐ Yes
☐ No. If yes, please provide the details

Do you have any congenital defect / abnormality?

☐ Yes
☐ No. If yes, please provide the details

or use any mechanical / physical assistance for mobility?

☐ Yes
☐ No. If yes, please provide the date and

Have you had any form of serious illness or operation in the last 5 years?

☐ Yes
☐ No. If yes, please provide the details of the surgery

Have you been treated or hospitalized for cancer or any other illness or impairment in the last 5 years?

☐ Yes
☐ No. If yes, please provide the details of the surgery

Has medical grounds been a reason for your absence from work? If yes, please provide the details

☐ Bronchitis
☐ Obesity
☐ Diabetes
☐ Arthritis
☐ Drug abuse
☐ Heart Disease
☐ Skin Infection
☐ Bowels
☐ Epilepsy
☐ Thyroid Ailment
☐ Arthritis
☐ Asthma
☐ Liver
☐ disease
☐

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

☐ High Blood Pressure
☐ Stroke
☐ Blood Spitting
☐ Peptic
☐ Ulcer
☐ Heart Murmur
☐ Tuberculosis
☐ Heart attack
☐ Slipped disc

Have you ever suffered or suffering from any other illness or impairment?

provide the details

## Declaration

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

I declare

declaration could

discrepancy arising out of

by me.

which I have not revealed. I fully understand that any misrepresentation of this report may result in my offer/appointment. I have no objection to Tata Consultancy Services Pvt. Ltd. obtaining my medical history from me or from my Consulting doctor or other appropriate doctor. In case of any discrepancy, this declaration shall be fully binding on me and any action thereon towards my employment will be accepted.

Date: (DD/MM/YY) \_\_\_\_/11\_/22\_

Signed: \_\_\_\_\_

**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 Registration ) \_\_\_\_\_

\_\_\_\_\_ Postal Address:

Contact No: (Day time) \_ \_\_\_\_\_

### Section 4: General Examination

Body wt: \_58\_ kgs; Pulse: \_\_\_\_\_/min;

BP: \_\_\_\_\_ mm Hg; Height: \_166\_ cms;

**Declaration** \_\_\_\_\_ s./Ms./Miss/Dr \_Savitha S\_\_\_\_\_ son/daughter  
of Mr. \_\_\_\_\_

I, certify that I have carefully examined  
\_Srinivas\_\_\_\_\_.

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

Date: (DD/MM/YY) \_\_\_\_/11\_/22\_

Signed: \_\_\_\_\_

& Sealed