TATA CONSULTANCY SERVICES
Experience certainty

Medical Certificate of Fitness

Please fill in the complete form, sign it and hand over to your Induction Coordinator

To be filled by Candidate

Candidate's Personal Details:

Mr./Mrs./Ms./Miss/Dr. First Name: Tejaswini Last Name: parappanavar

Gender: ☐ Male ☑ Female Date of birth (DD/MM/YY) 14/10/1999

Contact No: (M) 6360211082 (R) _____ Blood Group: O+

Candidate's Medical History:

Candidate's Medical Details	Yes	No	Please provide the details
Do you suffer from any defect of vision? If Yes, has it been corrected by suitable spectacles?		✓	
Can you readily distinguish between the pigmentary colors, Red and Green?	✓		
Do you suffer from a degree of deafness which would prevent your hearing of normal conversation and ordinary sound signals?		✓	
Do you have any physical deformity / handicap or use any mechanical / physical assistance for mobility?		✓	
Do you have any congenital disorder / abnormality?		✓	
Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness?		✓	
Have you had any form of critical illness or operation in the last two years?		✓	
Have you ever been disqualified on medical grounds from any previous employment opportunity?		✓	
Have you ever been diagnosed with or do you suffer from any other Medical condition that may require you to take Medical Leave over the next 12 months?		✓	
Have you ever been diagnosed to have Cancer, Tumor, Cyst or any similar type of growth?		✓	
Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same?		✓	

Have you ever suffered or suffering from any of the following? (Please (✓) tick wherever applicable and provide necessary details)

	Valve Disorders		High Blood Pressure		Stroke
	Heart Attack		Diabetes		Tuberculosis
	Angina Pectoris		Asthma		Slipped disc
	Arthritis		Obesity		Epilepsy
	Night Blindness		Hepatitis B		Hepatitis C

TCS Confidential

Candidate's Signature

Candidate's 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 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: _____ Date: (DD/MM/YY) 05/01/2022

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.

To be filled by Medical Practitioner

Doctor's Details:

Full name (as listed on applicable state registry) Dr RAJENDRA C BAGARLEEGIDAD

Registration ID: 32783 (KMC) Contact No: (Day time) _____

Postal Address: MEDICAL OFFICER PHC KANAVI. DIST: GADAG

Doctor's General Examination Remarks:

Weight: 63 (Kgs) Height: 160 (cms) Blood Pressure: 120/80 (mm hg)

Pulse: 72 (min) BMI (Calculated Value): 20

General Examination Findings: NORMAL

Systemic Examination - CVS/RS/Abd/CNS/Others: NAD

Doctor's Declaration:

I, certify that I have carefully examined Mr./Mrs./Ms./Miss/Dr TEJASWINI son/daughter of Mr. VIRUPANNA PARAPPANAVAR He/she is medically fit/unfit for employment with TCS.

Remarks: FIT FOR JOB

Signed & Sealed: _____ Date: (DD/MM/YY) 24/12/2021

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ವೈದ್ಯಾಧಿಕಾರಿ ಪಿ.ಹೆಚ್.ಸಿ.ಕಣವಿ
ನೋಂದಣಿ ಸಂಖ್ಯೆ.ಕೆ.ಎಂ.ಸಿ.ನಂ.32783