



Name of the Employee: Mr. Buta Singh Age: 52 years

ID Number/ Employee Number: 6702 Phone No: 96381657

Name of the Company: Remislogam/T.O. Export Occupation: Gr. Operator

Supervisor Name: Devi Singh Signature: [Signature]

Reason For Attending the Clinic:

☒ Pre Employment Medical Check Up ☐ Periodic Medical Check Up

☐ Fitness For Work Assessment ☐ GP Consultation

☐ Others

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17/12/2023
17/12/2023
17/12/2023



- a.) Fit for Work
b.) Light Duties forDays
c.) Sick Leave forDays
d.) Review clinic withinDays
e.) Referred for further treatment:.....

Signature of Doctor _____ Date: _____

Clinic Timing: Sunday to Thursday
Morning 9.00 am to 1.00 pm
Evening 5.00 pm to 9.00 pm

Contact No: 99564976

