

To

Mr. S.C.Gupta

Rohtak Road,

Charkhi Dadri,

Haryana

**Subject: - Appointment Letter.**

Dear Sir,

We are please to confirm your appointment in our company w.e.from 2.8.2021

Below mention are the term of your appointment:

- Your position will be a Doctor to be posted at Atela Mines, Charkhi Dadri site for One day in a week. You will be expected to provide occupational Health Services to our workers/Staffs engaged at mines at Atela for their Health Check up, Diagnosis and consultation including all compliance report of medical Examination under rule 29B of mines act.
- Per visit Doctor fee Rs. 2500/- will be paid. Company will provide vehicles for picking up & dropping at the time of visit.
- Charges of lab testing which is required for compliance @ Rs.750/- per head will be paid.
- The company shall be entitled to terminate your services with 30 days notice period.

Please indicate your understanding & acceptance of the above mention term & condition by signing and returning the duplicate copy of the letter.

Received



Sincerely

For MSK-JV



Authorized Signatory

I have carefully read the above term & condition and that are acceptable to me in full.

# Medical Examination Format

(FORM - O)

(See rule 29F (2) and 29L)

Report of medical examination under rule 29B in accordance with Form P1 of the Mines Rules 1955

Certificate No. SGU/CKD/209/2122

Certified that Shri/Shrimati\* MUMTAZ KHAN S/O BASIR to be employed as trade apprentice in ATELA MINES trade in mines of SECL, Form B No/ Apprenticeship registration number..... has been examined for an initial medical examination in accordance with Form P1 of the Mines Rules 1955. He/she\* appears to be 41 years of age. The findings of the examining authority are given in the attached sheet. It is considered that Shri/Shrimati\*.....

(a)\* is medically fit for any employment/ graduate/technician apprentice training in mines.

(b)\* is suffering from..... and is medically unfit for

- (1) any employment in mine; or
- (2) any employment below ground; or
- (3) any employment or work.....

©\* is suffering from..... he should get this disability\* cured/controlled and should be again examined within a period of ..... months. He/She will appear for re-examination with the result of test of..... and the opinion of ..... Specialist from..... He/She may be permitted/not\* per..... duties during this period.

Space for affixing Passp

Size Photograph of the



Signature of the examining authority ( not below the rank of assistant civil surgeon) with seal

Place: DOPRI

Date: 20/03/22

Dr S.C Gupta M.B.B.S  
FCMS I  
Name and designation in Block letters

\* Delete whatever is not applicable.

\*\* One copy of the certificate shall be handed over to the person concerned for SECL and another copy shall be retained by the examining authority,

**Report of the examining authority**

(to be filled in for every medical examination whether initial or after cure/control of disability).

Annexure to Certificate No. 209 ..... as result of medical examination on .....

Identification Mark..... CUT ON HEAD

Left thumb impression of the candidate

1. **General development-** Good/ Fair /Poor ✓  
2. **Height**..... 168 Cms  
3. **Weight**..... 60 kg.

**4 Eyes:**

(i) Visual acuity-Distant vision (with or without glasses).

Right eye..... 6/6

Left eye..... 6/6

(ii) Any organic disease of eyes.....

(iii) Night blindness..... None

(iv) Color blindness..... None

(v) Squint .....

(\* to be tested in special cases)

**(5) Ears**

(I) Hearing: right ear..... NORMAL ..... Left ear..... NORMAL

(II) Any organic diseases..... NIL

**6. Respiratory system**

Chest measurement:

(i) After full inspiration..... 99 cms.

(ii) After full expiration..... 96 cms.

**7. Circulatory system:**

Blood Pressure..... 135/85

Pulse..... 72

**8. Abdomen:**

Tenderness..... NAD

Liver.....

[Signature]  
DR. S. C. GUPTA  
M.B.B.S  
Reg. No. HN009383

Spleen..... / NAD  
Tumor.....

9. Nervous system:

History of fits or epilepsy..... / NIL  
Paralysis.....  
Mental health..... NORMAL

10. Locomotory system | NAD

11. Skin.....

12. Hydrocele.....

13. Hernia.....

14. Any other abnormality.....

15. Urine:

Reaction.....  
Albumin.....  
Sugar.....

NIL

16. Ski gram of chest. NORMAL

17. Any other test considered necessary by the examining authority. / NIL

18. Any opinion of specialist considered necessary.

Signature and seal of the examining authority  
(Not below the rank of assistant civil surgeon)

Place: DAORI

Name: DR. SC GUPTA

Designation: MBBS RET. SMO HCMSI DAORI  
Place of posting: DAORI

City/ Town: DAORI PO: DAORI

Disrtrict: CH. DAORI State: HARYANA

Phone /Mobile No. 9992174888

Email Address .....

# Medical Examination Format

(FORM - O)

(See rule 29F (2) and 29L)

Report of medical examination under rule 29B in accordance with Form P1 of the Mines Rules 1955

Certificate No. SCB/CKD/205/21-22

Certified that Shri/Shrimati\* KAPoor Singh to be employed as trade apprentice in ATELA MINES trade in mines of SECL, Form B No/ Apprenticeship registration number..... has been examined for an initial medical examination in accordance with Form P1 of the Mines Rules 1955. He/she\* appears to be 49 years of age. The findings of the examining authority are given in the attached sheet. It is considered that Shri/Shrimati\*.....

(a)\* is medically fit for any employment/ graduate/technician apprentice training in mines.

(b)\* is suffering from..... and is medically unfit for

- (1) any employment in mine; or
- (2) any employment below ground; or
- (3) any employment or work.....

©\* is suffering from..... he should get this disability\* cured/controlled and should be again examined within a period of ..... months. He/She will appear for re-examination with the result of test of..... and the opinion of ..... Specialist from..... He/She may be permitted/not\* permitted to..... during this period.

Space for affixing Passport

Size Photograph of the Candidate



Signature of the examining authority ( not below the rank of assistant civil surgeon) with seal

Dr S Gupta  
A.C.S. P

Place: DAORI

Date: 20/03/22

Name and designation in Block letters

\* Delete whatever is not applicable.

\*\* One copy of the certificate shall be handed over to the person concerned for SECL and another copy shall be retained by the examining authority,

**Report of the examining authority**

(to be filled in for every medical examination whether initial or after cure/control of disability).

Annexure to Certificate No. 205 ..... as result of medical examination on .....

Identification Mark..... MOLE ON CHICKS .....

Left thumb impression of the candidate



- 1. **General development-** Good/ Fair /Poor ✓
- 2. **Height.** 170 Cms
- 3. **Weight.** 65 kg.

**4 Eyes:**

(i) Visual acuity-Distant vision (with or without glasses).

Right eye..... 6/6

Left eye..... 6/6

(ii) Any organic disease of eyes.....

(iii) Night blindness.....

(iv) Color blindness..... NAD

(v) Squint .....

(\* to be tested in special cases)

**(5) Ears**

(I) Hearing: right ear..... NORMAL ..... Left ear ..... NORMAL .....

(II) Any organic diseases..... NIL .....

**6. Respiratory system**

Chest measurement:

(i) After full inspiration..... 99 .....cms.

(ii) After full expiration..... 95 .....cms.

**7. Circulatory system:**

Blood Pressure..... 125/90 .....

Pulse..... 72 .....

**8. Abdomen:**

Tenderness..... NAD .....

Liver.....

Spleen..... / NAD

Tumor.....

9. Nervous system:

History of fits or epilepsy..... / NIL

Paralysis.....

Mental health..... NORMAL

10. Locomotory system..... / NAD

11. Skin.....

12. Hydrocele.....

13. Hernia.....

14. Any other abnormality.....

15. Urine:

Reaction.....

Albumin.....

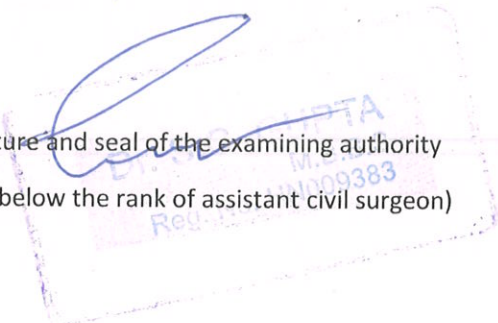
Sugar.....

16. Ski gram of chest..... NORMAL

17. Any other test considered necessary by the examining authority..... / NIL

18. Any opinion of specialist considered necessary.

Signature and seal of the examining authority  
(Not below the rank of assistant civil surgeon)



Place:

Name..... DR. S. GUPTA

Designation..... M.B.B.S. RET. SMO HEMS1

Place of posting..... DAORI

City/ Town..... DAORI

PO..... DAORI

Disrtrict..... DAORI

State..... HARYANA

Phone /Mobile No. .... 9992174888

Email Address .....