

FORM NO. 32

(Prescribed under Rule 68-T and 102)

Head Register

1. Serial Number in the Register of adult Workers :
2. Name of Worker : **Yash Mehta**
3. Sex : **Male**
4. Date of birth : **17/10/1995**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Heena N Pandya**

3. Sex : **Female**

4. Date of birth : **01/01/1985**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Jagruti L Gosai**

3. Sex : **Female**

4. Date of birth : **02/02/1988**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
H. R. DEPARTMENT			Office Staff													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Chirag N Patel**

3. Sex : **Male**

4. Date of birth : **03/03/1979**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Hiren D Bhatt**

3. Sex : **Male**

4. Date of birth : **01/05/1986**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Sales			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Husen F Vora**

3. Sex : **Male**

4. Date of birth : **07/06/1990**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :
2. Name of Worker : **Vidushi K Joshi**
3. Sex : **Female**
4. Date of birth : **01/11/1987**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

- Note : 1. Separate page should be maintained for individual worker.
2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Piyush P Ramvani**

3. Sex : **Male**

4. Date of birth : **21/07/1988**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
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IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :
2. Name of Worker : **Nirali V Barot**
3. Sex : **Female**
4. Date of birth : **17/08/1989**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

- Note : 1. Separate page should be maintained for individual worker.
2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Jigar P Panchal**

3. Sex : **Male**

4. Date of birth : **01/02/1976**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
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IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Bhavik S Ayer**

3. Sex : **Male**

4. Date of birth : **21/09/1984**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
STORE DEPARTMENT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Nishidh Y Dave**

3. Sex : **Male**

4. Date of birth : **14/10/1983**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :
2. Name of Worker : **Neha D Chanariya**
3. Sex : **Female**
4. Date of birth : **04/12/1985**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

- Note : 1. Separate page should be maintained for individual worker.
2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :
2. Name of Worker : **Neha S. Parmar**
3. Sex : **Female**
4. Date of birth : **01/01/1996**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
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COMPUTER GROUP			Office Staff													

- Note : 1. Separate page should be maintained for individual worker.
2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Ketan A. Patil**

3. Sex : **Male**

4. Date of birth : **21/05/1996**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
COMPUTER GROUP			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Rahul J. Patel**

3. Sex : **Male**

4. Date of birth : **14/07/1987**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Riddhi M Pandya**

3. Sex : **Male**

4. Date of birth : **14/10/1989**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Sandeep M Patel**

3. Sex : **Male**

4. Date of birth : **01/03/1985**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Jalpan M Patel**

3. Sex : **Male**

4. Date of birth : **01/03/1985**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Nilpan G Patel**

3. Sex : **Female**

4. Date of birth : **01/03/1985**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Neel R Rama**

3. Sex : **Male**

4. Date of birth : **20/07/1989**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ELECTRIC DEPT.			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Vinay G Rana**

3. Sex : **Male**

4. Date of birth : **23/03/1994**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Prachi P Parikh**

3. Sex : **Female**

4. Date of birth : **23/01/1995**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
IT			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :

2. Name of Worker : **Deep K Patel**

3. Sex : **Male**

4. Date of birth : **18/03/1987**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
								Date	Signs and symptoms Observed during examination	Nature of tests & results thereof	Result Fit/ Unfit	Period of temporary Withdrawal from that work	Reasons for such withdrawal	Date of declaring him Unfit for that work	Date of issuing fitness Certificate	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ELECTRIC DEPT.			Full Time													

Note : 1. Separate page should be maintained for individual worker.

2. Fresh entry should be made for each examination.

1. Serial Number in the Register of adult Workers :
2. Name of Worker : **Dileep Sabhajeet Yadav**
3. Sex : **Male**
4. Date of birth : **01/07/1993**

Department Works	Name of Hazardous process	Dangerous process/ operation	Nature of job or occupation	Raw materials, products or	Date of posting	Date of leaving/ transfer to or transfer	Reasons for Discharge / leaving or	Medical examination Results therefore				If declared unfit for work				Signature with date of the factory Medical Officer/ the Certifying
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
H. R. DEPARTMENT			Full Time													

- Note : 1. Separate page should be maintained for individual worker.
2. Fresh entry should be made for each examination.