

SIX MONTHLY COMPLIANCE REPORT (OCTOBER 2022 TO MARCH 2023)

Name of the project- Capacity expansion by replacement of existing 4 nos. of 8 Ton capacity Induction Furnaces to 4 nos. of 12 Tons Induction Furnaces and increasing the speed of existing Rolling Mill through modernization

Clearance Vide letter no: F. No. J-11011/192/2013-IA II (I) Dated: 22nd September 2019



BY

**M/s Captain Steel India Ltd
(Formerly known as M/s BMA Stainless Ltd.)**

**At Village: Debipur, P.O.: Kalyaneshwari, District: Burdwan, West
Bengal**

M/s Captain Steel India Ltd

(Formerly known as M/s BMA Stainless Ltd)

SIX MONTHLY COMPLIANCE REPORT

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INTRODUCTION

The project of M/s Captain Steel India Ltd (Formerly known as M/s BMA Stainless Limited) is located at Debipur Village, Kalyaneshwari P.O., District Pashim Bardhaman (Erstwhile Burdwan District), West Bengal State. M/s Captain Steel India Ltd was granted Environmental Clearance from GoI, MoEF & CC (Impact Assessment Division) Vide letter No F. No. J- 11011/192/2013-IA II (I) Dated: 22nd September 2019 for capacity expansion by replacement of existing 4 nos. of 8 Ton capacity Induction Furnaces to 4 nos. of 12 Tons Induction Furnaces and increasing the speed of existing Rolling Mill through modernization is for enhancement of production of Billet / TMT Bars from 0.12 to 0.207360 million tonnes per annum (million TPA).

The proposed capacity for different products is depicted in the Table below:

Unit	Existing		Proposed		Total (after proposed expansion)		Air Pollution Control Device
	Unit	Capacity	Unit	Capacity	Unit	Capacity	
Induction Furnace	4X8 Ton	120000 TPA	4X12 Ton (replacing existing 4X8 Ton)	4X12 Ton	4X12 Ton	207360 TPA	Dedicated pollution control system comprising of swiveling hood, spark arrestor, pulse jet bag filter, ID fan for each individual induction furnace followed by common stack of height 30 m from GL.
Continuous Casting Machine (CCM)	2 Strand, 6/7 m radius	120000 TPA	Enhancement of speed of existing unit and installation of hot rolling arrangement	87360 TPA	2 Strand, 6/7 m radius	207360 TPA	Nil
Producer Gas Plant	1	2700000 Nm ³ /month	-	-	-	2700000 Nm ³ /month	Existing tar separation unit followed by stack of height 30 m
Rolling Mill	1X20 TPH	120000 TPA	Enhancement of speed of existing unit	87360 TPA	1X30 TPH	207360 TPA	Nil, stack of height 30 m

The detail regarding compliance is given herewith in the following pages for the six monthly period of **October 2022 to March 2023**.

Environmental Clearance

(a) Specific Conditions

SI. NO	CONDITIONS	COMPLIANCE
i	The particular emission from the bag houses shall be less than 30 mg/Nm ³ .	Specific and Mechanical efforts have been already taken by the Proponent to minimize and make the particular emission from Bag houses within the limit. Regular monitoring being done to check the ambient air quality, Stack gas quality and fugitive emission levels. See Annexure 1-3.
ii	The project proponent shall plan for 100% utilization of waste generated in the process.	The proponent has taken all the required steps for the maximum utilization of the waste generated during the process. Slag generated is used in road/area development and fly ash provided to cement and brick manufacturers. The waste water is treated and reused in the dust suppression and greenbelt development etc.

(b) General Conditions

I. Statutory Compliance

i	The project proponent shall obtain Consent to Establish/ Operate under the provisions of Air (Prevention & Control of Pollution) Act, 1981 and Water (Prevention & Control of Pollution) Act, 1974 from West Bengal State Pollution Control Board.	The project proponent has been obtain authorization under the Hazardous and other Waste Management Rules, 2016 as amended from time to time.
ii	The project proponent shall obtain the necessary permission from the Central Ground Water Authority, in	The project proponent has already taken the necessary permission from the Damodar Valley Corporation. There is also

	case of drawl of ground water/ from the competent authority concerned in case of drawl of surface water required for the project.	a rain water harvesting system present in the factory to ensure maximum utilization of the Water. See ANNEXTURE 5.
iii	The project proponent shall obtain authorization under the Hazardous and other Waste Management Rules, 2016 as amended from time to time.	No Hazardous waste is generated as such. All the Non- hazardous solid waste is reused in the landfilling purpose or road making. The slag generated during the process is reused in landfilling, road and area development within the factory premises.

II. Air quality monitoring and preservation

i	The project proponent shall install 24x7 continuous emission monitoring system at processtacks to monitor stack emission with respect to standards prescribed in Environment (Protection) Rules1986 vide G.S.R 277(E) dated 31 st March 2012(applicable to IF/EAF) as amended from timeto time and connected to SPCB and CPCB online servers and calibrate these system from time to time according to equipment supplierspecification through labs recognized under Environment(Protection)Act,1986 or NABLaccredited laboratories.o time.	The proponent has already installed Continuous emission monitoring system at process stacks to monitor the stack emission and to ensure the emissions are well within the limit prescribed. Regular monitoring being done to check the ambient airquality and stack gas quality levels.See Annexure 6
ii	The project proponent shall monitor fugitive emissions in the plant premises at least once in every quarter through laboratories recognized under Environment (Protection) Act, 1986 or NABL accredited laboratories.	The fugitive emissions inside the plant premises has been monitored through the laboratories recognized under Environment (protection) Act, 1986 or NABL accredited laboratories. See Annexure 3

iii	<p>The project proponent shall install system to carry out Ambient Air Quality monitoring for common/criterion parameters relevant to the main pollutants released (e.g. PM10 and PM2.5 SO2 & NOX emissions) within and outside the plant area (At least at four locations one within and three outside the plant area at an angle of 120 degree each), covering upwind and downwind directions.</p>	<p>All the given parameters have been monitored on a regular basis to keep the concentration of the pollutants within the permissible limit.</p> <p>Ambient Air Quality monitoring reports is attached as Annexure 1</p>
iv	<p>The project proponent shall submit monthly summary report of continuous stack emission and air quality monitoring and results of manual stack monitoring and manual monitoring of air quality /fugitive emissions to Regional Office of MoEF & CC, Zonal office of CPCB and Regional Office of SPCB along with six monthly monitoring report.</p>	<p>Adequate measures are undertaken to monitor air quality and stack emission and the reports are submitted to the ministry. The latest stack monitoring and ambient air report are provided in Annexure 1 and 2 respectively</p>
v	<p>Appropriate Air Pollution Control (APC) system shall be provided for all the dust generating points including fugitive dust from all vulnerable sources.</p>	<p>The proponent has already established the adequate Air pollution control system and dust suppression system within the factory premises to control the pollution. Dust extraction system over the crucibles has been installed and also the fabrication work initiated on hood as per the suggestion to reduce secondary fugitive emission respectively. Water is also manually sprinkled to reduce dust concentration within the plant. See Annexure 6.</p>
vi	<p>The project proponent shall provide leakage detection and mechanized</p>	<p>Specific and suitable techniques is available for the detection of the leakage</p>

	bag cleaning facilities for better maintenance of bags.	and cleaning of bag is also done to maintain the working efficiency of the bags.
vii	Sufficient number of mobile or stationery vacuum cleaners shall be provided to clean plant roads, shop floors, roofs regularly.	Manual cleaning of the roads, floors and the roofs within the factory boundary are conducted using brooms and efficient plan making is in process to acquire Vacuum cleaners.
viii	Recycle and reuse iron ore fines, coal and coke fines, lime fines and such other fines collected in the pollution control devices and vacuum cleaning devices in the process after briquetting/agglomeration.	Recycle and reuse of all the waste fine particles from various sources is already in practice.
ix	The Project Proponent shall use leak proof trucks/dumpers carrying coal and other raw materials and cover them with tarpaulin.	The trucks/dumpers carrying coal and others raw material are leak proof and well covered with tarpaulin.
X	The Project Proponent shall provide covered sheds for raw materials like scrap and sponge iron, lump ore, coke, coal etc.	The proponent has already provided the covered sheds for raw materials.
Xi	The Project Proponent shall provide primary and secondary fume extraction system at all melting furnaces.	The given condition has been complied by the proponent.
Xii	Design the ventilation system for adequate air changes as per ACGIH document for all tunnels, motor houses and oil cellars.	Industrial ventilation fans located at various positions are provided for the purpose of ventilation.

III. Water Quality Monitoring and preservation.

i	The project proponent shall install effluent monitoring system with respect to standards prescribed in Environmental(Protection) Rules 1986 vide G.S.R 277(E) dated 31 st March 2012 (applicable to	The proponent has established the closed cooling system to maximize recycle and reuse of treated waste water. The bleed off from cooling tower is reused in the dust suppression and greenbelt development.
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	IF/EAF) as amended from time to time.	There will be zero discharge of waste water out of the plant so the plant has been designed on the basis of zero liquid effluent discharge. Domestic waste water is treated in septic tank followed by soak pit. The bore well is located in south east corner point. Appropriate measures for effluent monitoring are taken with Respect to the standards.
li	The project proponent shall monitor regularly ground water quality at least twice a year(pre and post monsoon) at sufficient numbers of piezometers/sampling wells in the plant and adjacent areas through labs recognized under Environmental(Protection) Act1986 and NABL accredited laboratories	The ground water monitoring has been done by the project proponent through the NABL accredited laboratories is undertaken.
lii	The project proponent shall also submit six monthly reports of continuous effluent monitoring and results of manual effluent testing and manual monitoring of ground water quality to the Regional Office of MoEF& CC, Zonal Office of CPCB and Regional office of SPCB along with six monthly monitoring report.	Is being complied with.
lv	Adhere to "Zero Liquid Discharge".	Zero Liquid Discharge policy is adhered. No effluent is discharged Outside the plant.
v	Sewage Treatment Plant shall be provided for treatment of domestic waste water to meet theprescribed standards.	Domestic wastewater is treated Through septic tank followed bysoak pit to meet the prescribed standards.

Vi	The project proponent shall provide the ETP for effluents of rolling mills to meet the standards prescribed in G.S.R 277(E) 31 st March 2012(applicable to IF/EAF) as amended from time to time.	ETP along with RO plant is already in operation to meet the standards prescribed. See Annexure 7 .
Vii	Garland drains and collection pits shall be provided for each stock pile to arrest the run off in the event of heavy rains and to check the water pollution due to surface run off	Collection pits & proper drainage are available to abate the problems of water pollution
Viii	The project proponent shall practice rain water harvesting to maximum possible extent	The project proponent has built the rain water harvesting to ensure maximum utilization. Annexure 8 .
ix	The project proponent shall make efforts to minimize water consumption in the steel plant complex by segregation of used water, practicing cascade use and recycling treated water.	The proponent has established the closed cooling system to maximize recycle and reuse of treated waste water. The bleed off from cooling tower is reused in the dust suppression and green belt development. There will be zero discharge of waste water out of the plant so the plant has been designed on the basis of zero liquid effluent discharge.

IV. Noise Monitoring and Prevention.

i	Noise level survey shall be carried as per prescribed guidelines and report in this regard shall be submitted to Regional Officer of the Ministry as a part of six monthly compliance report.	Noise level survey is carried as per prescribed guidelines and the reports are submitted to the authorized body. See Annexure 9 .
ii	The ambient noise level should conform to the standards prescribed under EPA rules, 1986 viz 75 dB(A) during day time and	The ambient noise level is maintained within the permissible limits and conforms to the standards prescribed

	70 dB(A) during night Time.	
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V. Energy Conservation Measures

i	The project proponent shall provide waste heat recovery system (pre-heating of combustion air) at the flue gases of reheating furnaces	Specific and suitable measures are taken to restore the waste heat from the flue gases of reheating furnaces.
ii	Practice hot charging of slabs and billets/blooms as far as possible.	Practiced as far as possible
iii	Ensure installation of regenerative type burners on all reheating furnaces	Will be installed.
iv	Provide solar power generation on roof tops of buildings, for solar light system for all common areas, street lights, parking around project area And maintain the same regularly.	The project proponent will install the solar power generation on roof top of building.
v	Provide the project proponent for LED lights in their offices and residential areas.	Sufficient numbers of LED lights are already installed in the plant premises and residential areas.

VI. Waste Management

i	Used refractories shall be recycled as far as possible.	Followed as far as possible
ii	Oily scum and metallic sludge recovered from rolling mills ETP shall be mixed, dried and briquetted and reused in melting Furnaces	Is being complied with.
iii	100% utilization of fly ash shall be ensured. All the fly ash shall be provided to cement and bricks manufacturer for further utilization and Memorandum of Understanding in this regard shall be submitted to the Ministry's Regional Office.	There is 100% utilization of the fly ash generated during the process. The fly ash is provided to cement and bricks manufacturer. Memorandum of Understanding in this regard is attached as Annexure 10.
iv	The waste oil, grease and other hazardous waste shall be disposed	Is being complied.

	of as per the Hazardous & Other waste (Management & Trans boundary Movement) Rules, 2016.	
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VII. Green Belt

i	Green belt shall be developed in an area equal to 33% of the plant area with a native tree species in accordance with CPCB guidelines. The greenbelt shall inter alia cover the entire periphery of the plant	Progressive efforts are taken to develop Greenbelt and will continue to thrive and maintained with all possible efforts. Annexure 11
ii	The project proponent shall prepare GHG emissions inventory for the plant and shall submit the programme for reduction of the same including carbon sequestration including plantation.	The project proponent has taken specific effort to control GHG emissions within the factory premises and special focus on continual development of green belt to capture the gaseous pollutants.

VIII. Public hearing and human health issues

i	Emergency preparedness plan based on the Hazard identification and Risk Assessment (HIRA) and Disaster Management Plan shall be implemented.	The project proponent has made the plan based on the Hazard identification and Risk Assessment (HIRA) and Disaster Management.
ii	The project proponent shall carry out heat stress analysis for the workmen who work in high temperature work zone and provide Personal Protection Equipment (PPE) as per the norms of Factory Act.	The workmen working in high temperature zone are provided with personal protection equipment as per the norms of the factory act and also the heat stress has been analysed.
iii	Provision shall be made for the housing of construction labour within the site with all necessary infrastructure and facilities such as fuel for cooking, mobile toilets, mobile STP, safe drinking water, medical health care, crèche etc. The housing may be in the form of temporary structures to be removed after the completion of the project.	Not applicable as the project is not in construction phase now.

iv	Occupational health surveillance of the workers Shall be done on a regular basis and records maintained as per the Factories Act.	Occupational health surveillance of The workers are being maintained on a regular basis. See Annexure 12 and 13.
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IX. Corporate Environment Responsibility

i	The project proponent shall comply with the provisions contained in this Ministry's OM vide F.No. 22-65/2017-IA.III dated 1 st May 2018, as applicable, regarding Corporate Environment Responsibility.	Is being complied with.
ii	The company shall have a well laid down environmental policy duly approved by the Board of Directors. The environmental policy should prescribe for standard operating procedures to have proper checks and balances and to bring into focus any infringements/deviation/violation of the environmental / forest / wildlife norms / conditions. The company shall have defined system of reporting infringements / deviation / violation of the environmental / forest / wildlife norms / conditions and / or shareholder's / stake holders. The copy of the board resolution in this regard shall be submitted to the MoEF&CC as a part of six-monthly report.	Is being complied with. See Annexure 14. Various CSR activities undertaken are listed in Annexure 15.
iii	A separate Environmental Cell both at the project and company head quarter level, with qualified personnel shall be set up under the control of senior Executive, who will directly report to the head of the organization.	The project proponent has made a separate well equipped quality management cell in the industry and provision for Environmental cell is under consideration.

iv	Action plan for implementing EMP and environmental conditions along with responsibility matrix of the company shall be prepared and shall be duly approved by competent authority. The year wise funds earmarked for environmental protection measures shall be kept in separate account and not to be diverted for any other purpose. Year wise progress of implementation of action plan shall be reported to the Ministry/Regional Office along with the Six Monthly Compliance Report.	To control the environmental pollution, the proponent has put requisite funds towards capital cost & recurring cost/Annum to implement the conditions stipulated by
v	Self-environmental audit shall be conducted annually. Every three years third party environmental audit shall be carried out.	Is being complied
vi	All the recommendations made in the Charter on Corporate Responsibility for Environment Protection (CREP) for the plants shall be implemented.	Is being complied

X. Miscellaneous

i	The project proponent shall make public the environmental clearance granted for their project along with the environmental conditions and safeguards at their cost by prominently advertising it at least in two local newspapers of the District or State, of which one shall be in the vernacular language within seven days and in addition this shall also be displayed in the project proponent's website permanently.	The proponent has made public the Environmental clearance granted for their project along with the environmental conditions and safeguards. The environmental clearance was advertised in two local newspapers and displayed in the project proponent's website. Annexure 16.
ii	The copies of the environmental	Complied with. The EC copy is attached as

	clearance shall be submitted by the project proponents to the Heads of local bodies, Panchayats and Municipal Bodies in addition to the relevant offices of the Government who in turn has to display the same for 30 days from the date of receipt.	Annexure 17.
iii	The project proponent shall upload the status of compliance of the stipulated environment clearance conditions, including results of monitored data on their website and update the same on half-yearly basis.	The proponent has been uploaded the status of compliance of the stipulated environment clearance conditions.
iv	The project proponent shall monitor the criteria pollutants level namely; PM ₁₀ , SO ₂ , NO _x (ambient levels as well as stack emissions) or critical sectoral parameters, indicated for the projects and display the same at a convenient location for disclosure to the public and put on the website of the company.	Monitoring of the criteria pollutants level namely; PM ₁₀ , SO ₂ , NO _x (ambient levels as well as stack emissions) and other critical sectoral parameters is conducted and displayed.
v	The project proponent shall submit six-monthly reports on the status of the compliance of the stipulated environmental conditions on the website of the ministry of Environment, Forest and Climate Change at environment clearance portal.	The given condition has complied by the project proponent.
vi	The project proponent shall submit the environmental statement for each financial year in Form-V to the concerned State Pollution Control Board as prescribed under the Environment (Protection) Rules, 1986, as amended subsequently and put on the website of the company.	Is being complied with.
vii	The project proponent shall inform the Regional Office as well as the	This condition is complied with.

**Six Monthly Compliance Report
(October 2022 to March 2023)**

**M/s Captain Steel India Ltd
(Formerly known as BMA Stainless Ltd.)**

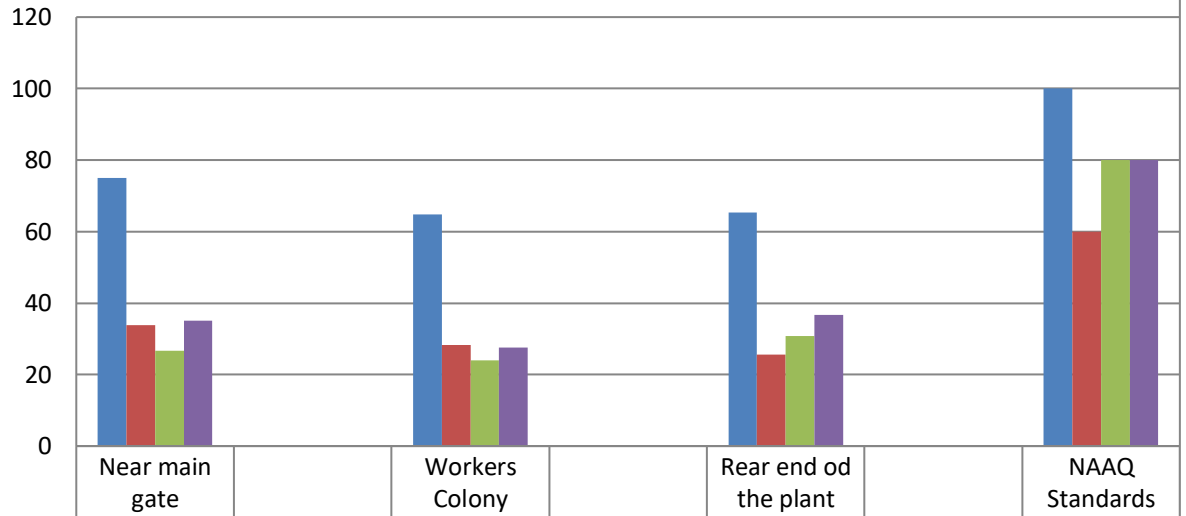
	Ministry, the date of financial closure and final approval of the project by the concerned authorities, commencing the land development work and start of production operation by the project.	
viii	The project authorities must strictly adhere to the stipulations made by the State Pollution Control Board and the State Government	Being adhered as per the stipulation made by WBPCB and State Government. Consent to operate from WBPCB is attached as Annexure 4
ix	The project proponent shall abide by all the commitments and recommendations made in the EIA/EMP report, commitment made during Public Hearing and also that during their presentation to the Expert Appraisal Committee	The given conditions are strictly followed by the project proponent.
X	No further expansion or modifications in the plant shall be carried out without prior approval of the Ministry of Environment, Forests and Climate Change (MoEF&CC).	No further modification or expansion will be done without the approval of MoEF&CC. The name change documents (from BMA Stainless Ltd. to M/s Captain Steel India Ltd.) is depicted in Annexure 18 .
xi	Concealing factual data or submission of false/fabricated data may result in revocation of this environmental clearance and attract action under the provisions of Environment (Protection) Act, 1986.	Agreed and strictly adhered.
xii	The Ministry may revoke or suspend the clearance, if implementation of any of the above conditions is not satisfactory.	All genuine attempts to ensure implementation of the above conditions are being undertaken.
xiii	The Ministry reserves the right to stipulate additional conditions if found necessary. The Company in	Noted

	a time bound manner shall implement these conditions.	
xiv	The Regional Office of this Ministry shall monitor compliance of the stipulated conditions. The project authorities should extend full cooperation to the officer (s) of the Regional Office by furnishing the requisite data / information/ monitoring reports.	The proponent has provided all its cooperation and compliance of the stipulated conditions are monitored.
xv	The above conditions shall be enforced, inter-alia under the provisions of the Water (Prevention & Control of Pollution) Act, 1974, the Air (Prevention & Control of Pollution) Act, 1981, the Environment (Protection) Act, 1986, Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016 and the Public Liability Insurance Act, 1991 along with their amendments and Rules and any other orders passed by the Hon'ble Supreme Court of India / High Courts and any other Court of Law relating to the subject matter.	Noted
xvi	Any appeal against this EC shall lie with the National Green Tribunal, if preferred, within a period of 30 days as prescribed under Section 16 of the National Green Tribunal Act, 2010.	Noted

GRAPHICAL REPRESENTATION OF THE MONITORING RESULT

The sample was taken on the month of **March, 2023**

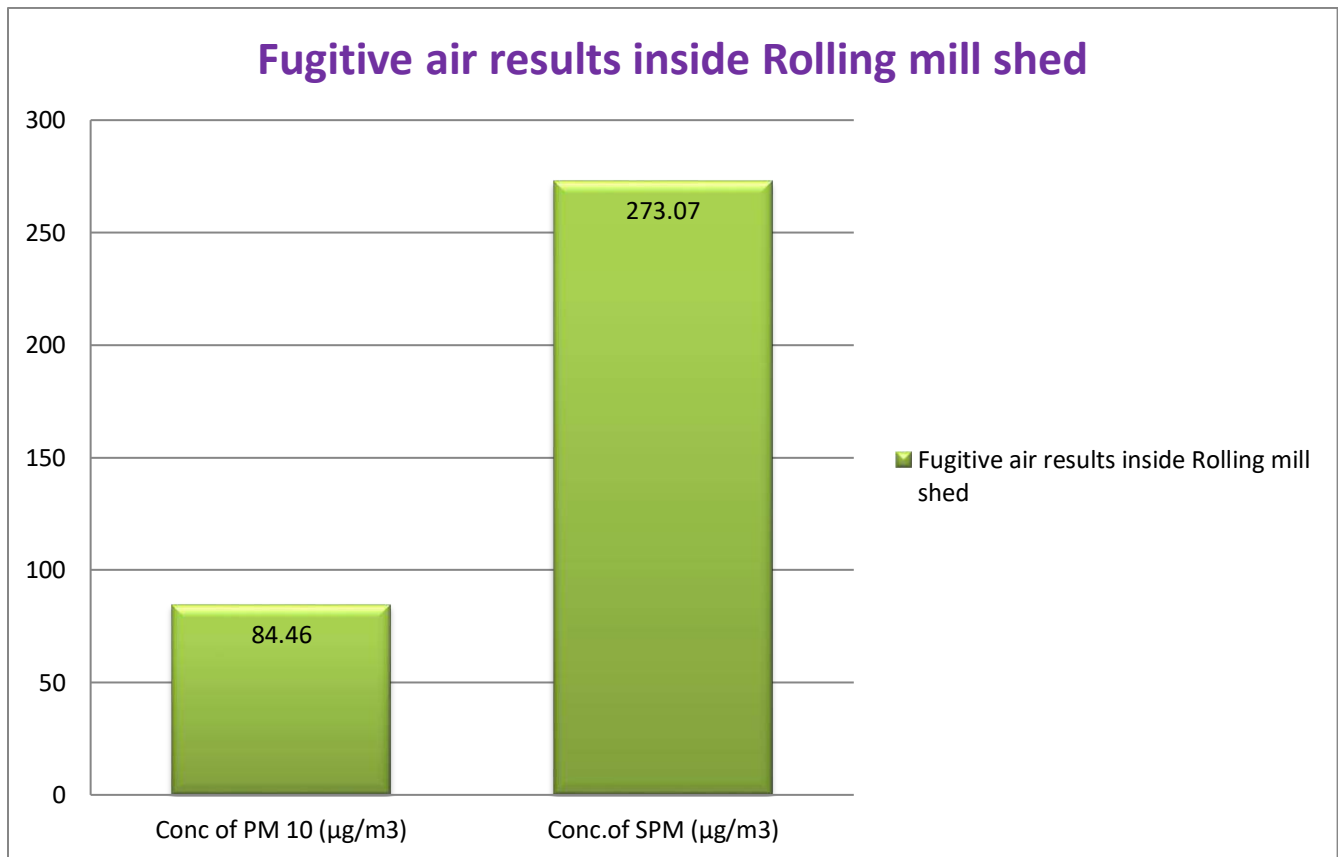
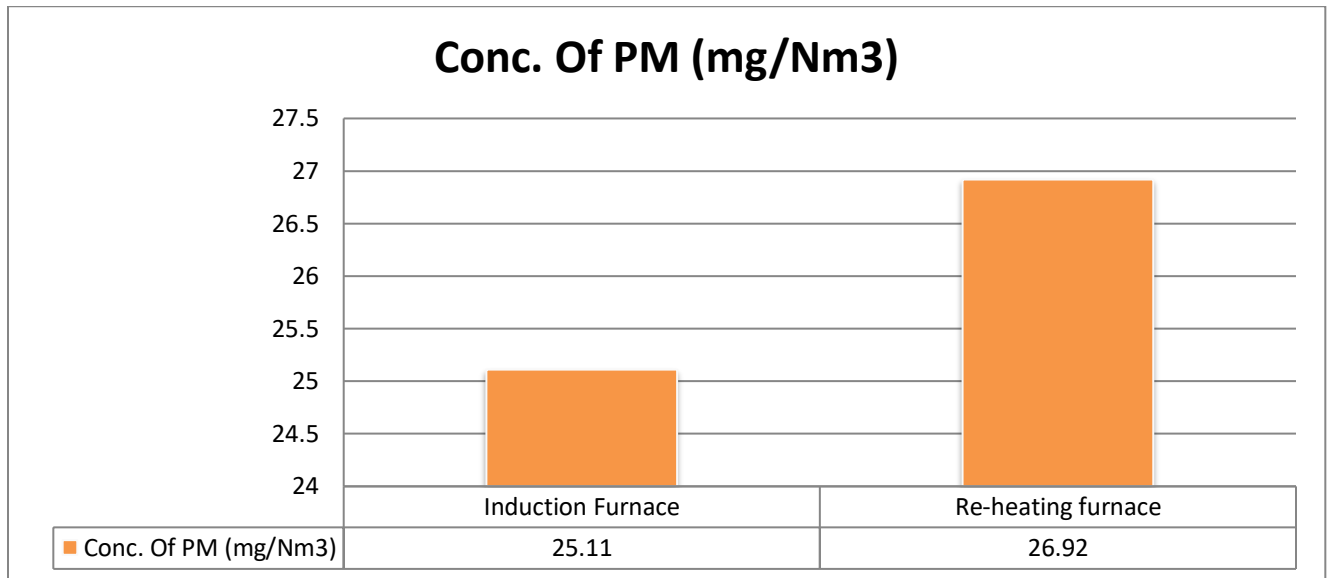
Ambient air quality monitoring results



■ Conc. Of PM 10(µg/m3)	74.97	64.78	65.29	100
■ Conc. Of PM 2.5(µg/m3)	33.74	28.31	25.68	60
■ Conc. Of SO2(µg/m3)	26.75	24.06	30.78	80
■ Conc. Of NOX(µg/m3)	35.1	27.64	36.67	80

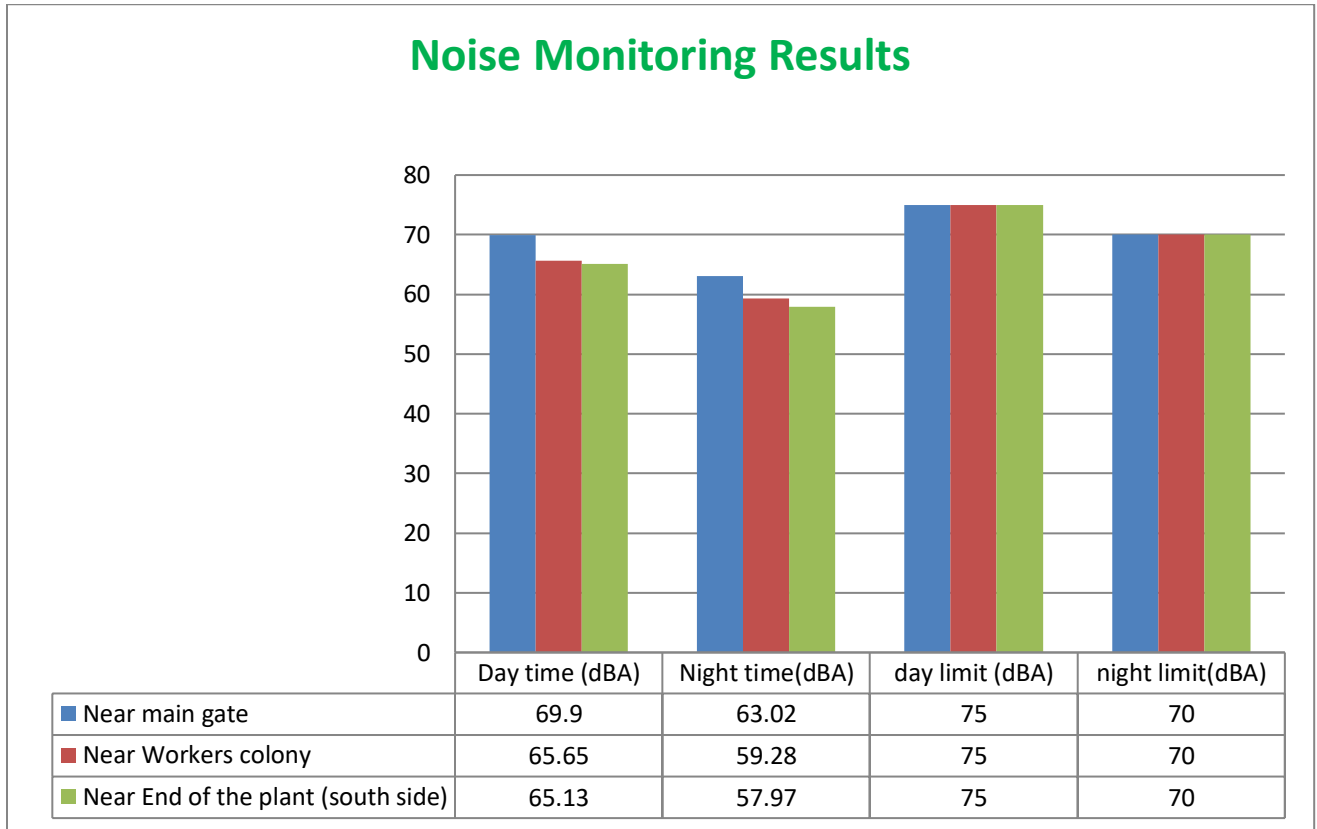
Stack Monitoring Results

The sample was taken on the month of **March, 2023**



NOISE MONITORING

The sample was taken on the month of **March, 2023**



ANNEXURE 1



Phone : (0341) 2252011

Email : ecocare@asansol@rediffmail.com

Manoj Talkies Basement, Kumarpur

Asansol - 713304

Dist. Paschim Bardhaman (W.B.)

Specialised House on Environmental Monitoring, Analysis, Assessment & Management

ISO 9001:2015 Certified, OHSAS 45001:2018 Certified

ULR NO – TC510923000000432F

Format No. : EC/TR/42/FM/01

TEST REPORT

Report Release Date	: 06.03.2023	Sample Ref. No.(ARF)	: EC/ARF/29/230305
Test Report No	: EC/TR/42/03005	Source of Sample	: Steel Plant (Rolling Mill Div.)
Type of Sample	: Dust & Gaseous Emission	Sampling Date	: 01.03.2023
Sample Collected by	: Mr. Sumit Sarkar & Team	Period of Analysis	: 03.03.2023
Sample Details	: Stack Emission	Sampling Location	: Re – Heating Furnace
Name & Address	: Captain Steel India Ltd Vill – Debiipur P.O. – Kalyaneshwari Dist – Paschim Bardhaman West Bengal – 713369	Sample Condition	: Sealed & Preserved
		Sample Stamped as	: TH – 218
		Sample Drawn By	: ECO CARE
		Sampling Plan & Procedure	: EC/SOP/03/01
		Remarks	: -----
		Deviation if any	: None

GENERAL INFORMATION

1 Particular of the Plant	: Steel Plant (Rolling Mill Div.)
2 Emission Due to	: Process Activity
3 Stack Connected to	: Re – Heating Furnace
4 Material of Construction	: M.S
5 Stack Height from G.L.	: 30.0 m
6 Height of Sampling Port from G.L.	: 10.5 m
7 Height of Sampling Port from L.D.Z.	: -----
8 Dimension of Stack at Sampling Port	: 0.71 m
9 Shape of the Stack	: Circular Ø
10 Working Load	: 30 MT/hr

FUEL CHARACTERISTIC REPORT

1 Source of Energy	: Producer Gas
2 Energy Consumption	: 4000 NM ³ /hr
3 Calorific Value (K-Cal/Kg)	: ----

RESULTS OF SAMPLING GASEOUS EMISSION ANALYSIS

		Method
1 Flue Gas Temperature	193 °C	IS 11255 : Part 3
2 Barometric Pressure	755 mm Hg	IS 11255 : Part 3
3 Velocity of Flue Gas	7.84 m/sec	IS 11255 : Part 3
4 Flue Gas Quantity	7106 NM ³ /hr	IS 11255 : Part 3
5 Concentration of Particulate Matter	26.92 mg/NM ³	IS 11255 : Part 1
6 Concentration of Carbon Dioxide	7.6 %	IS 13270
7 Concentration of SO ₂	72.83 mg/NM ³	IS 11255 : Part 2
8 Concentration of NO _x	38.87 mg/NM ³	IS 11255 : Part 7

1. Test values are reported based on the samples received.
2. Sample(s) will be destroyed after 7 days from date of issues of the Test Report subject to nature of Preservation. Sample will be preserved as per the standard method.
3. The Test report shall not be reproduced, without the written approval of laboratory

Authorised Signatory

Dr. Mousumi Pal
Ph. D. (Env.), Scientist
Authorised Signatory



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Email : ecocareensol@rediffmail.com

Manoj Talkies Basement, Kumarpur

Asansol - 713304

Dist. Paschim Bardhaman (W.B.)

Specialised House on Environmental Monitoring, Analysis, Assessment & Management

ISO 9001:2015 Certified, OHSAS 45001:2018 Certified

ULR NO – TC510923000000433F

Format No. : EC/TR/42/FM/01

TEST REPORT

Report Release Date	: 06.03.2023	Sample Ref. No.(ARF)	: EC/ARF/29/230305
Test Report No	: EC/TR/42/03006	Source of Sample	: Steel Plant (SMS Div.)
Type of Sample	: Dust & Gaseous Emission	Sampling Date	: 01.03.2023
Sample Collected by	: Mr. Sumit Sarkar & Team	Period of Analysis	: 03.03.2023
Sample Details	: Stack Emission	Sampling Location	: Bag Filter Stack
Name & Address	: Captain Steel India Ltd Vill – Debipur P.O. – Kalyaneshwari Dist – Paschim Bardhaman West Bengal – 713369	Sample Condition	: Sealed & Preserved
		Sample Stamped as	: TH – 219
		Sample Drawn By	: ECO CARE
		Sampling Plan & Procedure	: EC/SOP/03/01
		Remarks	: ----
		Deviation if any	: None

GENERAL INFORMATION

1 Particular of the Plant	: Steel Plant (SMS Div.)
2 Emission Due to	: Process Activity
3 Stack Connected to	: Induction Furnace - 4 Nos. A ₁ , A ₂ , B ₁ , B ₂ , C ₁ , C ₂ , D ₁ , D ₂ , Attached (No. – A ₁ , B ₁ , C ₁ , D ₁ , in Operation) Via Bag Filter
4 Material of Construction	: M.S
5 Stack Height from G.L.	: 30.0 m
6 Height of Sampling Port from G.L.	: 9.0 m
7 Height of Sampling Port from L.D.Z.	: 5.18 m
8 Dimension of Stack at Sampling Port	: 1.10 m
9 Shape of the Stack	: Circular Ø
10 Working Load	: 12 MT/heat(1 heat= 3hr Approx)

FUEL CHARACTERISTIC REPORT

1 Source of Energy	: Electricity
2 Energy Consumption	: ----
3 Calorific Value (K-Cal/Kg)	: ----

RESULTS OF SAMPLING GASEOUS EMISSION ANALYSIS

		Method
1 Flue Gas Temperature	49 °C	IS 11255 : Part 3
2 Barometric Pressure	755 mm Hg	IS 11255 : Part 3
3 Velocity of Flue Gas	7.86 m/sec	IS 11255 : Part 3
4 Flue Gas Quantity	24763 NM ³ /hr	IS 11255 : Part 3
5 Concentration of Particulate Matter	25.11 mg/NM ³	IS 11255 : Part 1
6 Concentration of Carbon Dioxide	2.4 %	IS 13270
7 Concentration of SO ₂	----	IS 11255 : Part 2
8 Concentration of NO _x	----	IS 11255 : Part 7

1. Test values are reported based on the samples received.
2. Sample(s) will be destroyed after 7 days from date of issues of the Test Report subject to nature of Preservation. Sample will be preserved as per the standard method.
3. The Test report shall not be reproduced, without the written approval of laboratory

Authorised Signatory

Dr. Mousumi Pal
Ph.D.(Env.), Scientist
Authorised Signatory

ANNEXURE 2



Specialised House on Environmental Monitoring, Analysis, Assessment & Management

ISO 9001:2015 Certified, OHSAS 45001:2018 Certified

ULR NO – TC510923000000435F

Format No. : EC/TR/42/FM/02

TEST REPORT

Report Release Date : 06.03.2023	Sample Ref. No.(ARF) : EC/ARF/29/230305
Test Report No : EC/TR/42/03007	Source of Sample : Steel Plant (Rolling Mill Div.)
Type of Sample : Suspended Dust & Gases	Sampling Date : 01.03.23 to 02.03.23
Sample Collected by : Mr. Sumit Sarkar & Team	Period of Analysis : 03.03.23 to 04.03.23
Sample Details : Ambient Air	Sample Condition : Sealed & Preserved
Name & Address : Captain Steel India Ltd Vill – Debipur P.O. – Kalyaneshwari Dist – Paschim Bardhaman West Bengal – 713369	Remarks : ---- Sample Drawn By : ECO CARE Sampling Plan & Procedure : EC/SOP/03/01 Deviation if any : None

1	Average Temperature	25.6 °C	2	Barometric Pressure	755 mm of Hg
3	Average Relative Humidity	62.0 %	4	Weather Condition	Clear Day

AMBIENT AIR QUALITY ANALYSIS REPORT

TEST METHOD	IS : 5182 (Part - 2)	IS : 5182 (Part - 6)	IS : 5182 (Part - 23)	EPA CFR40 (pt 50), Appendix I
PARAMETERS	SO ₂ (µg/M ³)	NO _x (µg/M ³)	PM ₁₀ (µg/M ³)	PM _{2.5} (µg/M ³)
Method Detection Limit	5	8	20	10
1. Sampling Location : Near Main Gate (Out Side of the Unit)				
Shift - A (09:20AM To 05:20 PM)	33.47	39.16	81.15	33.74
Shift - B (05:30 PM To 01:30 AM)	21.37	29.68	67.39	
Shift - C (01:40 AM To 09:40 AM)	25.40	36.45	76.36	
Average (Shift - A To Shift - C)	26.75	35.10	74.97	
2. Sampling Location: Workers Colony (Out Side of the Unit)				
Shift - A (09:40AM To 05:40 PM)	29.44	32.39	71.29	28.31
Shift - B (05:50 PM To 01:50 AM)	17.34	22.22	57.96	
Shift - C (02:00 AM To 10:00 AM)	25.40	28.12	65.09	
Average (Shift - A To Shift - C)	24.06	27.64	64.78	
3. Sampling Location: Rear End of the Plant (Out Side of the Unit)				
Shift - A (10:00AM To 06:00 PM)	37.50	41.19	70.16	25.68
Shift - B (06:10 PM To 02:10 AM)	21.37	30.35	59.47	
Shift - C (02:20 AM To 10:20 AM)	33.47	38.48	66.24	
Average (Shift - A To Shift - C)	30.78	36.67	65.29	

1. Test values are reported based on the samples received.
2. Sample(s) will be destroyed after 7 days from date of issues of the Test Report subject to nature of Preservation. Sample will be preserved as per the standard method.
3. The Test report shall not be reproduced, without the written approval of laboratory.

Authorised Signatory

Dr. Mousumi Pal
Ph.D.(Env.), Scientist

ANNEXURE 3



Phone : (0341) 2252011

Email : ecocareasansol@rediffmail.com

Manoj Talkies Basement, Kumarpur
Asansol - 713304

Dist. Paschim Bardhaman (W.B.)

Specialised House on Environmental Monitoring, Analysis, Assessment & Management

ISO 9001:2015 Certified, OHSAS 45001:2018 Certified

ULR NO – TC510923000000436F

Format No. : EC/TRT/42/FM/02

TEST REPORT

Report Release Date : 06.03.2023	Sample Ref. No./REF) : EC/ARF/29/230305
Test Report No : EC/TR/42/03008	Source of Sample : Steel Plant (Rolling Mill Div.)
Type of Sample : Suspended Dust & Gases	Sampling Date : 01.03.2023
Sample Collected by : Mr. Sumit Sarkar & Team	Period of Analysis : 03.03.23 to 04.03.23
Sample Details : Fugitive Air	Sample Condition : Sealed & Preserved
Name & Address : Captain Steel India Ltd Vill – Debipur P.O. – Kalyaneshwari Dist – Paschim Bardhaman West Bengal – 713369	Remarks : — Sample Drawn By : ECO CARE Sampling Plan & Procedure : EC-SOP/03/01 Deviation if any : None

1	Average Temperature	25.6 °C	2	Barometric Pressure	755 mm of Hg
3	Average Relative Humidity	62.0 %	4	Weather Condition	Clear Day

1. Sampling Location : In Side Rolling Mill Shed

SL NO	TESTS	PROTOCOL	RESULT	Method Detection Limit
1	SPM $\mu\text{g}/\text{m}^3$ (>10 micron ($\mu\text{g}/\text{M}^3$))	IS 5182 (Part 4): 2005	273.07	5
2	Particulate Matter PM_{10} $\mu\text{g}/\text{m}^3$	IS 5182 (Part 23): 2006	84.46	20

1. Test values are reported based on the samples received.
2. Sample(s) will be destroyed after 7 days from date of issues of the Test Report subject to nature of Preservation. Sample will be preserved as per the standard method.
3. The Test report shall not be reproduced, without the written approval of laboratory.

Signature

Authorised Signatory

Dr. Mousumi Pal
Ph.D.(Env.), Scientist
Authorised Signatory

ANNEXURE 4

WEST BENGAL POLLUTION CONTROL BOARD

'Paribesh Bhawan'
Bldg. No. - 10A, Block - LA, Sector-III
Salt Lake City, Kolkata-700 098



Consent Letter Number : CD131837

Memo Number : 322 - WPA/Red (Blm) Cont(521) 106

Date : 29/04/2022

Consent to Operate

under

Section 25 & 26 of the Water (Prevention and Control of Pollution) Act, 1974 and
Section 21 of the Air (Prevention and Control of Pollution) Act, 1981

The West Bengal Pollution Control Board (hereinafter referred to as State Board) under the provisions of Section 25 & 26 of the Water (Prevention and Control of Pollution) Act, 1974, as amended and Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended and Rules and Orders made thereunder, hereby grants its consent to :

M/s. Captain Steel India Ltd. (Formerly BMA Stainless Ltd.)

(Address of Regd. office/Head/Office/City Office)

(hereinafter referred to as Applicant) for its unit located at vill - Sehipur, P.O. - Kalyaneswar, P.S. - Kulti, Dist - Paschim Bardhaman, Pin - 713369

(Detailed address of the manufacturing unit)

for a period from date of issue to 30/04/2027

to operate the industrial unit and to discharge liquid effluent and to emit gaseous effluent from the premises/land of the industrial unit, in accordance with the conditions as mentioned in the Annexure to this consent letter provided on any day at any instance the quantity and quality of liquid discharge and gaseous emission shall not exceed the permissible limit as specified in the Table I & II of this consent letter and in the Environmental (Protection) Act, 1986.

Breach of the conditions and / or failure to comply with the directions as set out in the Annexure shall render the applicant liable for prosecution under the provisions of the Water (Prevention and Control of Pollution) Act, 1974 and Air (Prevention and Control of Pollution) Act, 1981.

The State Board reserve the right to revoke, withdraw or make any reasonable variation / change / alter the conditions of this consent letter giving one month's notice to the applicant.



For and on behalf of the State Board

[Signature] / 29.4.2022

(Member Secretary/Chief Engr./ Sr. Env. Engr. / Env. Engr. / Asst. Env. Engr.)

ANNEXURE

Consent to M/s. Captain Steel India Ltd. (Formerly BMA Stainless Ltd.)
 for its unit at vill - Dehipur, P.O. - Kalyaneswar, P.S. - Kulti,
Dist - Paschim Bardhaman, Pin-713369

Conditions :

01. This Consent is valid for the manufacture of :-

Sl. No.	Name of major products and by-products	Quantity manufactured per month
01	MS Billet	2,07,360 Tons/year
02	TMT Bars	2,07,360 Tons/year
03	Producers Gas	2700000 Nm ³ /month
04	Binding Wire	1800 Ton/year
05	Nail	600 Ton/year
06	Ribbed Rod	39600 Ton/year
07		
08		
09		
10		
11		
12		

02. The Applicant shall remain responsible for quantity and quality of liquid effluent and air emissions.
03. Daily discharge of industrial liquid effluent shall not exceed nil KL.
04. Daily discharge of domestic liquid effluent shall not exceed 0.25 KL.
05. Daily discharge of mixed (industrial & domestic) liquid effluent shall not exceed KL.
06. The Applicant shall discharge liquid effluent to septic tank followed by sark pit (place of discharge) through 01 (one) nos. outlets / outfalls.
07. To bring into any altered or new outlet/outfall or to change the place of discharge, the Applicant shall have to inform the Board and obtain prior permission of the Board in this effect.
08. The Applicant shall provide comprehensive facility for treatment of industrial liquid waste and domestic liquid waste (sewage, sullage and liquid effluent generated from canteen), and operate and maintain the same continuously so that the quality of final effluent conforms to the Standard as given in Table-I in page 03.

[Signature] / 29.04.2022
 (Member Secretary/Chief Engr./ Sr. Env. Engr. / Env. Engr. / Asst. Env. Engr.)

Continued.....

(4)

Consent to M/s. Captain Steel India Ltd. (Formerly BMA Steels Ltd.)
 for its unit at vill - Dehipur, P.O. - Kalyaneswari, P.S. - Kulti,
Dist - Paschim Bardhaman, Pin - 713369

11. The Applicant shall install suitable device for measuring the volume of water consumed for different purposes as mentioned above giving correct result to the satisfaction of the State Board.
12. All the stacks connected to various sources of emissions must be designated by numbers such as S-1, S-2, S-3, etc., and this must be painted/displayed to facilitate identification.
13. The Applicant shall install comprehensive control system consisting of pollution control equipment as is warranted with reference to generation of air emissions and operate and maintain the same continuously so as to achieve the level of pollutants of the Standard as given in Table-II below :

Table-II

Stack No.	Stack height from G.L. (in mts.)	Stack attached to (sources and control system, if any):	Volume Nm ³ /hr.	Velocity of gas emission m/sec	Concentrations of parameters not to exceed				Frequency of emission sampling
					SPM (mg/Nm ³)	CO (%v/v)			
S-1	10	DG Set (2x 380 KVA)			150	1%	-	-	Yearly
S-2	30	Induction Furnace (4x 12 MT / Batch)			30	-	-	-	Quarterly
S-3	30	Reheating Furnace (1x 30 TPH)			150	1	-	-	-DO-
S-4	30	Producer Gas Plant							-DO-
S-5									
S-6									
S-7									
S-8									
S-9									
S-10									

K. Mandal / 29.01.20
 (Member Secretary/Chief Engr./ Sr. Env. Engr. / Env. Engr. / Asst. Env. Engr.)

Continued.....

(5)

Consent to M/s. Captain Steel India Ltd. (Formerly BMA Steels Ltd.)
 for its unit at vill - Sakipur, P.O. - Kalyaneswari, P.S. - Kulti,
Dist - Paschim Bardhaman, Pin-713369

14. The Applicant shall provide ports in the stack(s) and other necessary permanent facilities such as ladder, platform, etc. for monitoring/sampling the air emissions and the same shall be made available for inspection and use by the State Board's staff as well as State Board's authorised agencies.

15. The Applicant shall observe the following fuel consumption pattern :-

Sl. No	Type of fuel	Quantity consumed per day	Fuel burning operation where the fuel is used
01	Coal Based	Methane 11000 M ³ /day	Reheating furnace
02	Coal	960 Tonnes/month	Producers gas plant
03			
04			
05			

16. The Applicant shall maintain the generation and treatment/disposal of non-hazardous solid waste as specified below :-

Type of waste	Quantity	Treatment	Disposal
Coal Ash	6 Tonnes/day	-	low land filling
Slag	960 Tonnes/month	-	low land filling

17. The Applicant shall take adequate measures for control of noise levels from its own sources within the premises within the limit given below :-

Time	Limit in dB(A) L _{eq}
Day Time (06 a.m. to 10 p.m.)	65
Night Time (10 p.m. to 06 a.m.)	55

18. The Applicant shall at all times maintain good house-keeping, proper working order, and operate efficiently for control of pollution from all sources so as not to cause nuisance to surrounding areas/inhabitants and to achieve compliance with the terms and conditions of the consent.

19. The Applicant shall bring about at least 33% of the available open land under the green coverage / plantation.

20. The Applicant shall provide for an alternate electric power source sufficient to operate all pollution control facilities installed by the Applicant to maintain compliance with the terms and conditions of the consent. In absence of such an alternate electric power source, the Applicant shall stop, reduce or otherwise control production to abide by the terms and conditions of the Consent regarding pollution level.

21. The Applicant shall install a separate energy meter showing the consumption of energy for operation of pollution control devices.

22. The Applicant shall ensure that fugitive emissions from the activity are controlled so as to maintain clean and safe environment in and around the factory premises.

23. The Applicant shall provide drainage system for conveying industrial and domestic liquid waste. Storm-water drain shall be kept separate from the drainage system meant for industrial and domestic liquid waste

(Signature)
 (Member Secretary/Chief Engr./ Sr. Engr./ Env. Engr. / Asst. Env. Engr.)

Continued.....

Consent to M/s. Caplain Steel India Ltd. (Formerly BMA Stainers Ltd.)
for its unit at vill - Dehipur, P.O. - Kalyaneswari, P.S. - Kult, Dist - Paschim Bardhaman, Pin - 713369

* Unit must comply with all the conditions as laid down in the Consent to Establish (CSE) issued vide memo no. 376-2N-43/2013 (E) dated 22/04/2019.

24. The Applicant shall maintain a separate register showing consumption of chemicals used in pollution control systems.
25. The Applicant shall get the samples of hazardous wastes/leachates analysed at least once in from the laboratory recognised of the West Bengal Pollution Control Board and ensure that they conform to the limits stipulated. Test reports shall be sent to the Board.
26. The Applicant shall provide adequate and safe facility for collection of air, waste water and solid waste samples to the State Board's staff as well as State Board's authorised agencies.
27. The Applicant shall submit to the State Board by the 30th September of every year the Environmental Statement Report for the financial year ending 31st March of the current year in the prescribed form (Form -V) as required under the provisions of rule 14 of the Environment (Protection) [Second Amendment] rules, 1992.
28. The Applicant shall allow the Officers of the State Board to enter into the applicant's premises at any reasonable time to inspect the pollution control systems as well as monitoring and measuring devices in connection with prevention & control of pollution.
29. The Applicant shall maintain an Inspection Book in the factory premises which shall be made available to Officers & employees of the State Board for inspection, review and to write down any direction or observation as is deemed necessary during the inspection from time to time.
30. The Applicant shall furnish to the State Board all information in respect of quality, quantity, rate of discharge and place of discharge of liquid effluent and air emissions.
31. The Applicant shall maintain adequate number of qualified and trained personnel among his staff for proper maintenance and operation of the effluent treatment and / or emission control devices and for overall environmental management of the industry.
32. The Applicant shall have to make registration for the use of groundwater if any, with Central Ground Water Authority.
33. The Applicant shall intimate to the State Board immediately of any occurrence or apprehension of occurrence or discharge of any poisonous, noxious or pollutants in excess of quality as well as quantity as mentioned earlier to any receiving water body/receiving system or to atmosphere owing to accident or other unforeseen incident/event including natural disaster. The Applicant shall (i) take all steps adequate to prevent such accident discharge/release of poisonous, noxious or pollutants and to limit their consequences to persons and the environment, (ii) provide to the persons working on the site with the information, training and equipment including antidotes necessary to ensure their safety and mitigate the accidental release of poisonous noxious or pollutants to the environment.
34. The Applicant shall make an application to the State Board in the prescribed form for renewal of the consent at least ¹²⁰60 (sixty) days before the date of expiry of this Consent.
35. The Applicant shall not make any alternation/modification/expansion in the existing manufacturing process and equipment as well as the pollution control system without prior approval of the Board.
36. The Applicant shall comply with the conditions as laid down in the Manufacture, Storage and Import of Hazardous Chemicals Rules, 1989 and Hazardous Wastes (Management & Handling) Rules, 1989.

Additional Conditions
 1) This Consent Letter may be revoked at any time on the ground of valid complaint regarding water, air or noise pollution against your unit or in case of any Environment Hazards created by your unit.
 2) Unit must comply with all the conditions as laid down in the Environment clearance issued by the MOFF (Member Secretary/Chief Engr./ Sr. Env. Engr./ Env. Engr./ Asst. Env. Engr.) GOI issued vide F. NO. J-11011/192/2013-IK-II(I) dated 22/02/2019. *

[Signature]

ANNEXURE 5

FORM 4

[See Rules 9(3) and 10(5)]

066751

(EMBLEM OR HOLOGRAM OF THE CONCERNED AUTHORITY)

PERMIT FOR SINKING OF NEW WELL

[U/S 7(3)(b) / 7(4)(b) / 7(5)(a) of the West Bengal Ground Water Resources (Management, Control and Regulation) Act 2005.]



P- 1362

PERMIT NO P022202401252000001TSE

1. (a) Name of the applicant (user) : Shri/Smt. **BMA STAINLESS LIMITED.**
 (b) Son / Daughter of :
 (c) Address of the applicant : P.O : KALYANESWARI, PIN : 713369, BURDWAN
 (d) Category of farmer (Please tick) : Small Farmer / Marginal Farmer / Others
 (in case of irrigation well)
 (e) Serial No. of application Form : BP/A 0148,SL.NO: 73; DT. 06.11.2013
 and date of submission
 (f) Specimen signature of the user :
2. Location particulars---
 (a) District : BURDWAN
 (b) Block, Mouza, J. L. No., Plot No. : KULTI, DEBIPUR, 001, 1252
 (c) Municipality / Corporation :
 Ward No. / Borough No., Holding No. :
3. Particulars of the proposed well and pumping device---
 (a) Type of the well : TUBEWELL
 (b) Approx. depth of the well (m) : 100 m
 (c) Purpose of the well : INDUSTRIAL
 (d) Assembly size (for tube well) : 100 mm x 150 mm
 (e) Approx. strainer length (for tube well) : 12 m
 (f) Diameter (for dug well) : m.
 (g) Type of pump to be used : SUBMERSIBLE
 (h) H. P. of the pump : 3.5 HP
 (i) Operational device : Electric Motor
 (j) Rate of withdrawal (m³/hr.) : 7 m³/hr
 (k) Maximum allowable running hours per day : 2 Hours Per Day

This permit authorizes the owner applicant (user) to sink a well in the location specified at S1. (2) for extraction of ground water at a rate not exceeding that as shown at S1. (3) and for running hours / day as shown at S1. (3) (K), and is valid subject to the observance of the conditions stated overleaf.

Place : Burdwan

Date : 07.02.2017



07/02/2017
 Geologist SWID &
 Member Secretary, District Level
 Ground Water Resources Development Authority
 Burdwan-713101

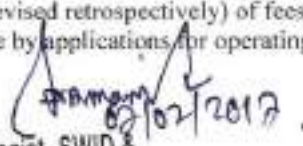
Conditions :

- (1) In case of any change of ownership of the proposed well, fresh registration has to be obtained.
- (2) No change of location, design, rate of withdrawal and pumping device in respect of the proposed well as indicated at S1. (2) and (3) of this certificate shall be made without prior permission of the Competent Authority. Any deviation in this regard shall lead to cancellation of this permit.
- (3) In case, any of the particulars / information furnished by the applicant in his application for issuance of this permit is found to be incorrect during verification at any subsequent stage, this permit is liable for cancellation.
- (4) Any other condition imposed by the concerned Authority.



**CONDITIONALITIES FOR PACKAGE DRINKING WATER PROJECTS AND INDUSTRIES/
INFRASTRUCTURES:**

1. Roof Top Rain Water harvesting for Surface Storage.
2. Excavation of pond of size 150 ft. x 50ft. with 2 m. depth.
3. Chemical Quality Test Report from BIS approved Laboratory in each year to be submitted to the Geologist & Member Secretary, DLA.
4. Arrangement of Water Meter at the outlet of Tube Well discharge to be monitored by Govt. Officials as assigned by DLA.
5. The enhanced rate if any in future (including the rates revised retrospectively) of fees/ charges/ taxes for draws of ground water on annual basis, should be borne by applications for operating their tube wells in a continuous manner.


Geologist, SWID &
Member Secretary, District Level
Ground Water Resources Development Authority
Burdwan-713101

ANNEXURE 6

20230331004700	23.5	23.5	NA	NA	23.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331004800	23.5	23.5	NA	NA	23.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331004900	23.5	23.5	NA	NA	23.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331005000	23.5	23.5	NA	NA	23.5	NA	NA	0	0	0	0	NA	NA	NA	NA

20230331225600	56.1	56.1	NA	NA	56.1	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331225700	67.3	67.3	NA	NA	67.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331225800	88.2	88.2	NA	NA	88.2	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331225900	111.9	111.9	NA	NA	111.9	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230000	134.3	134.3	NA	NA	134.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230100	155.6	155.6	NA	NA	155.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230200	175.9	175.9	NA	NA	175.9	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230300	195.5	195.5	NA	NA	195.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230400	214.3	214.3	NA	NA	214.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230500	232.7	232.7	NA	NA	232.7	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230600	251.9	251.9	NA	NA	251.9	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230700	269.2	269.2	NA	NA	269.2	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230800	282.8	282.8	NA	NA	282.8	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331230900	293.3	293.3	NA	NA	293.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231000	299.6	299.6	NA	NA	299.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231100	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231200	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231300	301.7	301.7	NA	NA	301.7	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231400	301.7	301.7	NA	NA	301.7	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231500	301.7	301.7	NA	NA	301.7	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231600	301.7	301.7	NA	NA	301.7	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231700	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231800	301.7	301.7	NA	NA	301.7	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331231900	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232000	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232100	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232200	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232300	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232400	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232500	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232600	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232700	301.6	301.6	NA	NA	301.6	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232800	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331232900	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233000	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233100	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233200	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233300	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233400	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233500	301.5	301.5	NA	NA	301.5	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233600	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233700	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233800	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331233900	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234000	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234100	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234200	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234300	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234400	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234500	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234600	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234700	301.4	301.4	NA	NA	301.4	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331234800	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA

20230331234900	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235000	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235100	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235200	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235300	301.2	301.2	NA	NA	301.2	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235400	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235500	301.2	301.2	NA	NA	301.2	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235600	301.2	301.2	NA	NA	301.2	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235700	301.3	301.3	NA	NA	301.3	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235800	301.2	301.2	NA	NA	301.2	NA	NA	0	0	0	0	NA	NA	NA	NA
20230331235900	301.2	301.2	NA	NA	301.2	NA	NA	0	0	0	0	NA	NA	NA	NA

eof



Figure - Baghouse Filter

ANNEXURE 7



Figure1- Effluent Treatment Plant (ETP)



Figure2- Stages of treatment in ETP



Figure3- RO Plant

ANNEXURE 8



Figure 1. Rain Water Harvesting System

ANNEXURE 9



Phone : (0341) 2252011

Email : ecocareasansol@rediffmail.com

Manoj Talkies Basement, Kumarpur

Asansol - 713304

Dist. Paschim Bardhaman (W.B.)

Specialised House on Environmental Monitoring, Analysis, Assessment & Management

ISO 9001:2015 Certified, OHSAS 45001:2018 Certified

ULR NO - TC510922000000340F

Format No. : EC/TR/42/FM/07

TEST REPORT

Report Release Date	: 06.03.2023	Sample Ref. No (ARF)	: EC/ARF/29/230305
Test Report No	: EC/TR/42/03009	Source of Sample	: Steel Plant (Rolling Mill Div.)
Type of Sample	: Noise	Sampling Date	: 01.03.23 to 02.03.23
Sample Collected by	: Mr. Sumit Sarkar & Team	Period of Analysis	: ----
Sample Details	: Ambient Noise	Sample Condition	: ----
Name & Address	: Captain Steel India Ltd VIII - Debipur P.O. - Kalyaneshwari Dist - Paschim Bardhaman West Bengal - 713369	Remarks	: ----
		Sample Drawn By	: ECO CARE
		Sampling Plan & Procedure	: EC/SOP/03/01
		Deviation if any	: None

METEOROLOGICAL INFORMATION

1	Average Temperature (°C)	25.6
2	Average Relative Humidity (%)	62.0
3	Barometric Pressure (mm of Hg)	755
4	Weather Condition	Clear Day

AMBIENT NOISE QUALITY REPORT

Sampling Location		NOISE LEVEL		
		Minimum	Leq - Mean	Maximum
1. Near Main Gate	Day	59.20 dB(A)	69.90 dB(A)	74.40 dB(A)
	Night	53.30 dB(A)	63.02 dB(A)	67.70 dB(A)
2. Near Workers Colony	Day	55.40 dB(A)	65.65 dB(A)	70.90 dB(A)
	Night	51.50 dB(A)	59.28 dB(A)	63.10 dB(A)
3. Near End of the Plant (South Side)	Day	57.70 dB(A)	65.13 dB(A)	69.10 dB(A)
	Night	47.30 dB(A)	57.97 dB(A)	62.70 dB(A)

1. Test values are reported based on the samples received.
2. The Test report shall not be reproduced, without the written approval of laboratory

Authorised Signatory

Dr. Mousumi Pal
Ph. D. (Env.), Scientist
Authorised Signatory

ANNEXURE 10



पश्चिमबङ्ग पश्चिम बंगाल WEST BENGAL

Y 735017

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made on this 22nd day of September, 2017, between BMA Stainless Limited, a company incorporated under the Companies Act, 1956 and having its registered office at 21A, Shakespeare Sarani, 10th Floor, Flat No.10A, Kolkata-700017 and having manufacturing unit at P.O. Kalyaneswari, Dist. Burdwan, West Bengal; (hereinafter referred to as the PRODUCER, which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the ONE PART and National Refractories a unit of M/s Snowtex Udyog Limited, a Company incorporated under the Companies Act, 1956 and having its Registered Office at F3 Circullar Mansion, 222 A J C Bose Road, Kolkata-700017 and plant established for the manufacturing of refractories products such as alumina bricks, insulation bricks etc. at P.O. Salanpur, Dist. Burdwan, West Bengal (hereinafter referred to as the USER which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the OTHER PART.

WHEREAS the PRODUCER is a manufacturer of TMT bars and in production of such TMT Bars it also generates 'Fly Ash' as its by-product from its Gas Plant of Rolling Mill Section.

WHEREAS the USER is engaged in manufacturing of Refractory Bricks and utilizes the 'Fly Ash' for manufacture of Fly Ash Bricks.

That M/s BMA Stainless Limited has approached National Refractories and expressed its desire to dispose the entire quantity of fly ash for free of cost on a mutual understanding and terms & conditions.

THE PARTIES HERETO agree to abide as under:

1. The PRODUCER undertakes to dispose off to the USER and the USER undertakes to collect from PRODUCER 2400 MT /Annum of fly ash (hereinafter called the 'said goods') for free of cost.



2. That USER hereby gives its consent to use the entire quantity of fly ash received from M/s BMA Stainless Limited for a period of 03 (Three years) from the date of commencement of the proposed plant.
3. That USER will have an exclusive right to collect/receive the Fly ash generated in the plant of PRODUCER and no sale proceeds thereof shall be undertaken without the consent of USER.
4. That the Taxes, duties and/or government levies, if applicable in connection of the collection of goods shall be borne by the USER.

This Memorandum of Understanding is entered into on this above mentioned date at Kolkata, West Bengal between the parties mentioned above and signed by the respective authorised representatives of both the parties.

PRODUCER

Name: Rohit Kundu

Signature:



USER

Name: Ramesh Khunjuwala
NATIONAL REFRACTORIES
(A UNIT OF SINDHIA INDUSTRIES LTD)

Signature: Ramesh Khunjuwala

WITNESSES

Name: Sarobindu Roy.

Signature: [Signature]

WITNESSES

Name: Anand Kys

Signature: [Signature]

Annexure 11

GREEN BELT DEVELOPMENT



ANNEXURE 12

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS) MRITUNJOY	GIVEN NAMES MAHATO	MIDDLE NAME (FOR WOMEN ONLY)	SEX M <input type="checkbox"/> F <input type="checkbox"/>
ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE VILL- RAQUNATH PUR. PO- BALLIAPUR, DHANBAD.		DATE OF BIRTH (dd/mm/yyyy) 11/11/1973	NATIONALITY INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK) Messengers.	TELEPHONE	BIRTHPLACE RAQUNATHPUR.
DUTY STATION CAPTAIN STEEL INDIA LTD	PRESENT MARITAL STATUS Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Date: (dd/mm/yyyy)..... Divorced <input type="checkbox"/> (dd/mm/yyyy)..... Separated <input type="checkbox"/> Date: (dd/mm/yyyy)..... Widowed <input type="checkbox"/> Date: (dd/mm/yyyy).....	

Have you ever undergone a medical examination for any other agency? _____
 Have you ever been employed by this company or any other agency? _____
 If so, Please state when, where and for which organization: _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	85ys			High Blood Pressure		✓	
Mother	80ys			Heart Disease		✓	
Brothers	60ys			Diabetes		✓	
Sisters	50ys			Tuberculosis		✓	
Spouse	43ys			Asthma		✓	
Children	23ys			Cancer		✓	
	18ys			Epilepsy		✓	
				Mental Disorders		✓	
				Paralysis		✓	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official:		Comments:	
Department of Unit:			
Date:		Date: (dd/mm/yyyy)	Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :


Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		✓	Heart and blood diseases		✓	Urinary disorders		✓	Fainting spells		✓
Hay fever		✓	Pains in the heart region		✓	Kidney trouble		✓	Epilepsy		✓
Tuberculosis		✓	Varicose veins		✓	Kidney stones		✓	Diabetes		✓
Pneumonia		✓	Frequent indigestion		✓	Back pain		✓	Gonorrhoea		✓
Pleurisy		✓	Ulcer of stomach of duodenum		✓	Joint problems		✓	Any other sexually transmitted disease		✓
Repeated bronchitis		✓	Jaundice		✓	Skin disease		✓	Tropical disease		✓
Rheumatic fever		✓	Gall stones		✓	Sleeplessness		✓	Amoebic dysentery		✓
High blood pressure		✓	Hernia		✓	Any nervous or mental disorders		✓	Malaria		✓
			Haemorrhoids		✓	Frequent headaches		✓			

2. Are you being treated for any condition now? NO
3. Have you ever coughed up blood? NO
4. Have you ever noticed blood in your stools? NO in your urine? NO Give details _____
5. Have you ever been hospitalized (hospital, clinic, etc)? NO Why, where and when? _____
6. Have you ever been absent from work for longer than one month through illness? NO if so, when? _____
And for what illness? _____
7. Have you had any accidents as a result of which you are partially disabled? NO if so, what and when? _____
Do you have any other disability? NO
8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst? NO
9. Are you taking any medicine regularly? NO if so, which? _____
10. Have you gained or lost weight during the last three years? NO if so, which? _____
11. Have you ever been refused life insurance? NO if so, state reason: _____
12. Have you ever been refused employment in health grounds? NO if so, state reason: _____
13. Have you ever received or applied for a pension or compensation for any permanent disability? _____ Degree? _____
Please give details: _____
14. Have you ever stayed in any other country? _____ if so, for how long? _____
15. Have you in the past suffered from any condition on which prevented travel by air? _____
16. Do you consider yourself to be in good health? _____ Do you have full work capacity? _____
17. Do you smoke regularly? Yes No If so, what do you smoke? Cigarettes _____ _____
- For how many years have you smoked? _____
18. Daily consumption of alcoholic beverages: NO
19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future? _____
Give details: _____
20. Give any other significant information concerning your health? YES
21. What is your occupation? SERVICE Indicate at least three posts you have occupied: MANAGER
22. List any occupational or other hazards to which you have been exposed: _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE		Height: cm.	Weight: kg.
Skin:		Scalp:	
SIGHT, MEASURED VISUAL ACUITY			
Gross vision	Right <i>6/6</i>	Left <i>6/6</i>	Pupils: Equal? Regular?
Vision with spectacles	Right <i>6/6</i>	Left <i>6/6</i>	Fundi (if necessary):
Near vision	Right <i>6/6</i>	Left <i>6/6</i>	Colour vision:
With correction	Right	Left	
HEARING (test by whispering)	Right	Normal: <input checked="" type="checkbox"/>	Sufficient: <input checked="" type="checkbox"/> Insufficient:
	Left	Normal: <input checked="" type="checkbox"/>	Sufficient: <input checked="" type="checkbox"/> Insufficient:
	Ear drum	Right: <i>Normal</i>	Left: <i>Normal</i>
NOSE-MOUTH-NECK	Nose:	<i>Normal</i>	Pharynx: <i>Normal</i> Teeth: <i>Normal</i>
	Tongue:	<i>Normal</i>	Tonsils: <i>NIL</i> Thyroid: <i>NIL</i>
CARDIOVASCULAR SYSTEM			Peripheral arteries
Pulse rate: <i>76/M</i>	Auscultation:	-carotid:	
Rhythm: <i>Normal</i>	Blood pressure: <i>120/80 mmHg</i>	-posterior tibial:	
Apex beat: <i>Normal</i>	Varicose veins:	-dorsalis pedis:	
Electrocardiogram - Please attach tracing			
RESPIRATORY SYSTEM		Breasts	RIGHT LEFT
Thorax: <i>Normal</i>			
DIGESTIVE SYSTEM		Spleen:	<i>Normal</i>
Abdomen:	<i>Normal</i>	Hernia:	<i>Normal</i>
Liver:	<i>Normal</i>	Rectal examination:	
NERVOUS SYSTEM		Plantar reflexes:	
Papillary reflexes:	-To light	Motor functions:	
	-On accommodation:	Sensory functions:	

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal</i>	Behaviour: <i>Normal</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>Normal</i>	Genitals: <i>Normal</i>
SKELETAL SYSTEM	
Skull: <i>Normal</i>	Upper extremities: <i>Normal</i>
Spine: <i>Normal</i>	Lower extremities: <i>Normal</i>
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "IF" indicated

Urine:	Albumin: <i>Trace</i>	Sugar: <i>NIL</i>	Microscopic: <i>NIL</i>
Blood	Haemoglobin:	<i>11.8</i> grams/l	Leucocytes: <i>29%</i>
	Haematocrit:		Differential count (if indicated): <i>N-62% L-29% F-8% M-02%</i>
	Erythrocytes:		Blood sedimentation rate: <i>15 mm/1st hour</i>
Blood chemistry			
	Sugar: <i>131.3 mg/dl</i>		Urea or Creatinine: <i>26.12 mg/dl 0.96 mg/dl</i>
	Cholesterol: <i>148 mg/dl</i>		Uric acid: <i>5.23 mg/dl</i>

Serological test for syphilis: Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

Dr. CHANDAN DAS.

Signature:



Address:

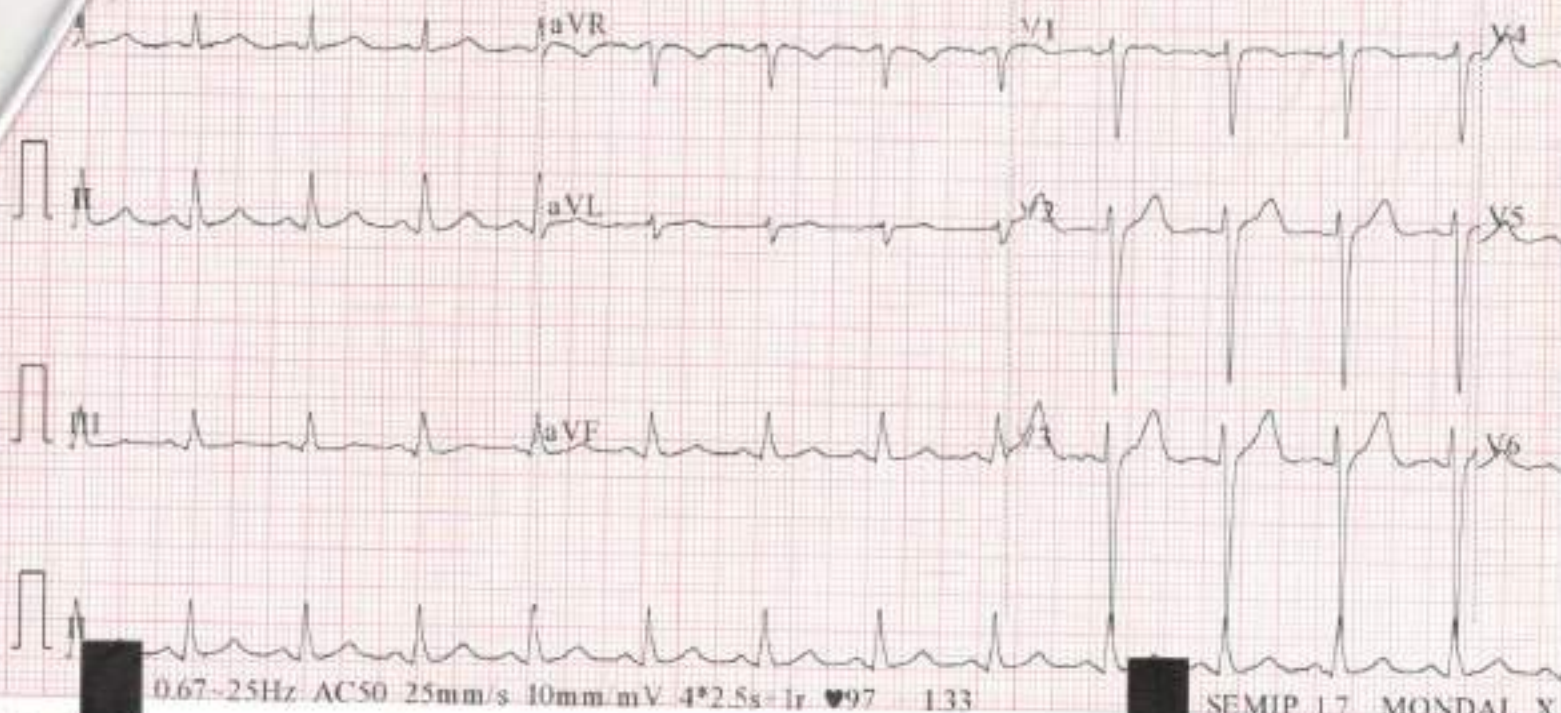
Rupnayanpur.

Date: (dd/mm/yyyy)

30/05/2023

Dr. Chandan Das
M.D.

Consultant Physician
Reg. No. : 84076 (WBMC)



PLEURAL RECESSES ARE CLEAR.

XC

[Handwritten signature]
23/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab.technician

Verified By

[Handwritten signature]

Pathologist

Dr. AbirGuha MBBS,MD(Patho)
Consultant Pathologist

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M

ID: 1083
MRINTUNJOY MAHATO
Male 50Year

23-03-2023 11:32:09 AM
HR : 98 bpm
P : 140 ms
PR : 154 ms
QRS : 96 ms
QT/QTc : 349/446 ms
P QRS T : 64/71/45 °
RV5 SV1 : 1.546/1.130 mV

Minnesota Code:
1-3-1 4-2-0

Diagnosis Information:
Sinus Rhythm
Normal ECG



AY CLINIC

Ref-Phys :
Report Confirmed by:

Dr. Chandan Das
M.D.
Consultant Physician
Reg No: 8427 (W.M.C.)

MRINTUNJOY MAHATO.MALE.50YRS

X-RAY-CHEST-PA

REF BY DR.

23.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



Handwritten signature
23/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab.technician

Verified By

Handwritten signature

Pathologist

Dr. AbirGuha MBBS,MD(Patho)

Consultant Pathologist

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-MEAL □ HSG □ DENTAL X-RAY □ OPG



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- MRITUNJOY MAHATO

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 50Y /M

LAB CODE- 001955

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

Name of investigation	Report	Normal Range
Total W.B.C Count	7,400/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	62 %	65-70%
Lymphocytes	29 %	20-35%
Eosinophils	07 %	02-07%
Monocytes	02 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	11.8 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	15 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"O" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	148mg/dl	150-220 mg/dl
Blood Urea	26.12 mg/dl	10-44 mg/dl
Serum Creatinine	0.96mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	5.23 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	131.1 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME-MRITUNJOY MAHATO

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 50Y /M

LAB CODE- 001955

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty.	:	Approx. 10 ml
Colour	:	straw
Consistency	:	clear
Sediment	:	Nil

Chemical Examination

Reaction	:	acidic
Sugar	:	Nil
Albumin	:	Trac

Microscopic Examination

Pus Cells	:	04-06/hpf
R.B.C	:	Nil
Epithelial cells	:	03-05/hpf
Cast/ Crystal	:	Calcium Oxalate Occasional
Others	:	Nil
Bacteria	:	Nil

Please Correlate With Clinical Condition

End Of Report

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



Lab.technician

Verified By

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS) MONOJKUMAR		GIVEN NAMES SINGH	MIDDLE NAME (FOR WOMEN ONLY)	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE MAITHON AREA-4 DHANBAD.			DATE OF BIRTH (dd/mm/yyyy) 5/7/1989.	NATIONALITY INDIAN.
POSITION APPLIED FOR (DESCRIBE NATURE OF WORK) C.C.M.		TELEPHONE 7050127602.	BIRTHPLACE Maithon, Dhanbad.	
DUTY STATION		PRESENT MARITAL STATUS Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Date: (dd/mm/yyyy) Divorced <input type="checkbox"/> (dd/mm/yyyy) Separated <input type="checkbox"/> Date: (dd/mm/yyyy) Widowed <input type="checkbox"/> Date: (dd/mm/yyyy)		

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization : _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father		Normal Death	44yrs.	High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	52yrs.			Heart Disease		<input checked="" type="checkbox"/>	
Brothers				Diabetes		<input checked="" type="checkbox"/>	
Sisters				Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	23yrs.			Asthma		<input checked="" type="checkbox"/>	
Children	4yrs.			Cancer		<input checked="" type="checkbox"/>	
	6 Months.			Epilepsy		<input checked="" type="checkbox"/>	
				Mental Disorders		<input checked="" type="checkbox"/>	
				Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :		Comments :	
Department of Unit :			
Date :			
		Date: (dd/mm/yyyy)	Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :		Comments :	
Department of Unit :			
Date :			
		Date: (dd/mm/yyyy)	Signature:
VERY IMPORTANT : Please indicate the recruiting Agency or Organization :			

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		✓	Heart and blood diseases		✓	Urinary disorders		✓	Fainting spells		✓
Hay fever		✓	Pains in the heart region		✓	Kidney trouble		✓	Epilepsy		✓
Tuberculosis		✓	Varicose veins		✓	Kidney stones		✓	Diabetes		✓
Pneumonia		✓	Frequent indigestion		✓	Back pain		✓	Gonorrhoea		✓
Pleurisy		✓	Ulcer of stomach of duodenum		✓	Joint problems		✓	Any other sexually transmitted disease		✓
Repeated bronchitis		✓	Jaundice		✓	Skin disease		✓	Tropical disease		✓
Rheumatic fever		✓	Gall stones		✓	Sleeplessness		✓	Amoebic dysentery		✓
High blood pressure		✓	Hernia		✓	Any nervous or mental disorders		✓	Malaria		✓
			Haemorrhoids		✓	Frequent headaches		✓			

2. Are you being treated for any condition now ? NO
3. Have you ever coughed up blood ? NO
4. Have you ever noticed blood in your stools ? NO In your urine ? NO Give details _____
5. Have you ever been hospitalized (Hospital, clinic, etc) ? NO Why, where and when ? _____
6. Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____ And for what illness ? NO
7. Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____ Do you have any other disability ? NO
8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
9. Are you taking any medicine regularly ? NO if so, which ? _____
10. Have you gained or lost weight during the last three years ? NO if so, which ? _____
11. Have you ever been refused life insurance ? NO if so, state reason : _____
12. Have you ever been refused employment in health grounds ? NO if so, state reason : _____
13. Have you ever received or applied for a pension or compensation for any permanent disability ? NO Degree ? _____ Please give details : _____
14. Have you ever stayed in any other country ? NO if so, for how long ? _____
15. Have you in the past suffered from any condition on which prevented travel by air ? NO
16. Do you consider yourself to be in good health ? _____ Do you have full work capacity ? Full
17. Do you smoke regularly ? Yes No If so, what do you smoke ? Cigarettes _____ _____
For how many years have you smoked ? _____
18. Daily consumption of alcoholic beverages : NO
19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
20. Give any other significant information concerning your health ? _____
21. What is your occupation ? Service (indicate at least three posts you have occupied: _____)
22. List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Skin: _____ Height: cm. _____ Weight: kg. _____
 Scalp: _____

SIGHT, MEASURED VISUAL ACUITY

Gross vision	Right	6/6	Left	6/6	Pupils:	Equal?	Regular?
Vision with spectacles	Right	6/6	Left	6/6	Fundl (if necessary):		
Near vision	Right	6/6	Left	6/6	Colour vision:		
With correction	Right		Left				

HEARING

(test by whispering)	Right	Normal:	<input checked="" type="checkbox"/>	Sufficient:	<input type="checkbox"/>	Insufficient:	<input type="checkbox"/>
	Left	Normal:	<input checked="" type="checkbox"/>	Sufficient:	<input type="checkbox"/>	Insufficient:	<input type="checkbox"/>
	Ear drum	Right:	Normal	Left:	Normal		
NOSE-MOUTH-NECK	Nose:	Normal	Pharynx:	Normal	Teeth:	Normal	
	Tongue:	Normal	Tonsils:	NIL	Thyroid:	NIL	

CARDIOVASCULAR SYSTEM

Pulse rate:	80/μ	Auscultation:		Peripheral arteries
Rhythm:	80/μ Normal	Blood pressure:	130/80 mmHg	-carotid:
Apex beat:	Normal	Varicose veins:	NIL	-posterior tibial:
				-dorsalis pedis:

Electrocardiogram - Please attach tracing

RESPIRATORY SYSTEM

Thorax:	Breasts	RIGHT	LEFT

DIGESTIVE SYSTEM

Abdomen:	Pa Normal	Spleen:	Normal
Liver:	Normal	Hernia:	NIL
		Rectal examination:	Normal

NERVOUS SYSTEM

Papillary reflexes:	-To light	Normal	Plantar reflexes:	
	-On accommodation:		Motor functions:	
			Sensory functions:	

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal.</i>	Behaviour: <i>Normal.</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>Normal</i>	Genitals: <i>Normal.</i>
SKELETAL SYSTEM	
Skull: <i>Normal</i>	Upper extremities: <i>Normal</i>
Spine: <i>Normal</i>	Lower extremities: <i>Normal.</i>
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY			
The results of all the following investigations must be included except where marked "if" indicated			
Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>N/C</i>
Blood	Haemoglobin:	<i>13.5</i> grams/l	Leucocytes: <i>38%</i>
	Haematocrit:		Differential count (if indicated): <i>N- 62% L- 30% E- 06% H- 02%</i>
	Erythrocytes:		Blood sedimentation rate: <i>12 mm/hr at 1 hour.</i>
Blood chemistry			
	Sugar: <i>130.0 mg/dL</i>	Urea or Creatinine: <i>32.16 mg/dL, 0.88 mg/dl.</i>	
	Cholesterol: <i>139 mg/dl</i>	Uric acid: <i>4.95 mg/dl.</i>	
Serological test for syphilis : Please attach laboratory report			
Stool examination:			
COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):			

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS.

Signature:



Address:

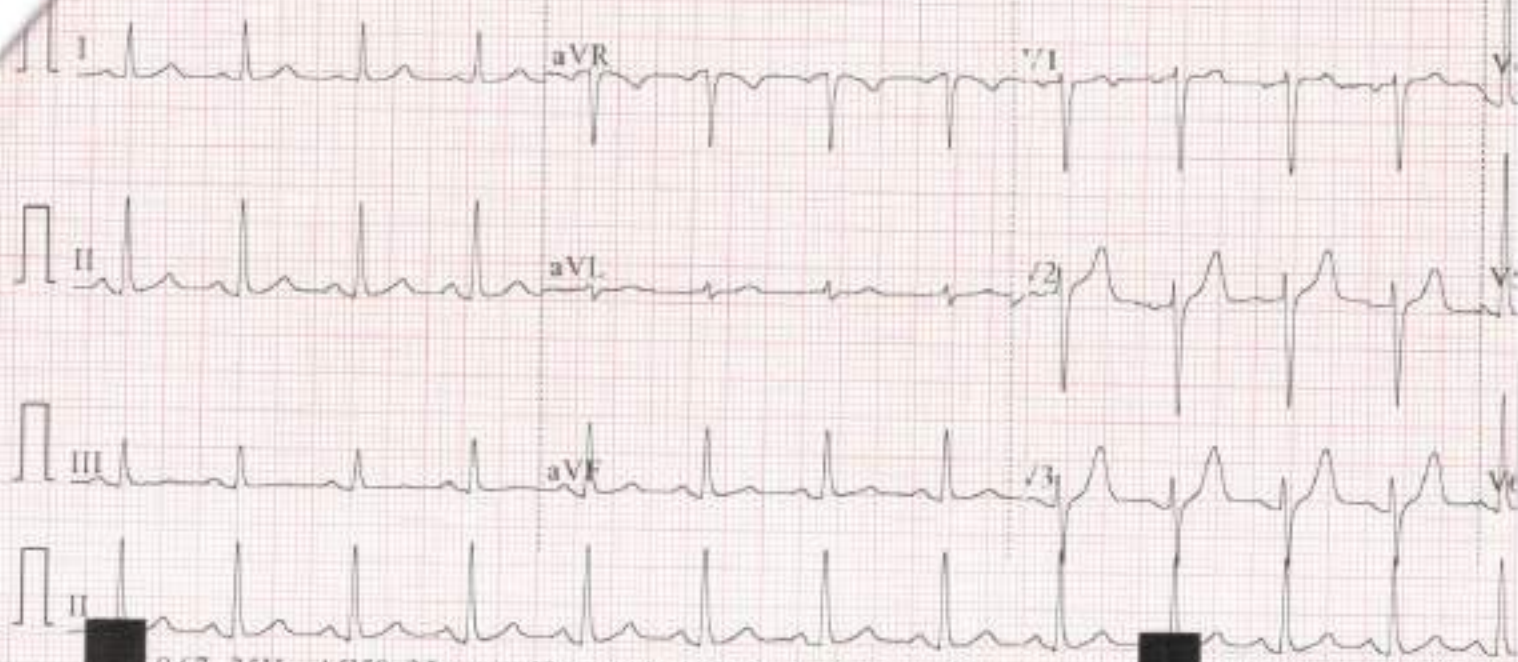
Rupnayanpur.

Date: (dd/mm/yyyy)

20/05/2023

Dr. Chandan Das
M.D.

Consultant Physician
Reg. No. : 84076 (WBM)



NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M

[Handwritten signature]
23/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Verified By

[Handwritten signature]

Pathologist

Dr. Abir Guha MBBS, MD (Patho)

Consultant Pathologist

ID: 1082
MANOJ KR SINGH
Male 31Year

23-03-2023 11:26:13 AM
HR : 99 bpm
P : 106 ms
PR : 146 ms
QRS : 87 ms
QT/QTc : 330/424 ms
P QRS/T : 72/61/46
RV5/SVI : 2.088/1.183 mV



Minnesota Code:

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys. :
Report Confirmed by:

X RAY CLINIC

Dr. Chandan Das
MD
General Physician
100/100/100



X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-MEAL □ HSG □ DENTAL X-RAY □ OPG

MANOJ KR SINGH.MALE.31YRS

X-RAY-CHEST-PA

REF BY DR.

23.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By

Pathologist

Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- MANOJ KUMAR SINGH

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 31Y /M

LAB CODE- 001953

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

Name of investigation	Report	Normal Range
Total W.B.C Count	9,900/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	62 %	65-70%
Lymphocytes	30 %	20-35%
Eosinophils	06 %	02-07%
Monocytes	02 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	13.5 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	12 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"A" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	139 mg/dl	150-220 mg/dl
Blood Urea	32.16 mg/dl	10-44 mg/dl
Serum Creatinine	0.88mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	4.95 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	130.0 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME-MANOJ KUMAR SINGH

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 31Y /M

LAB CODE- 001953

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Nil

Microscopic Examination

Pus Cells : 03-05/hpf
R.B.C : Nil
Epithelial cells : 05-07/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

TIME : 7:00 A.M. TO 6:00 P.M.

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature: _____

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)

CHUNU KUMAR

GIVEN NAMES

MIDDLE NAME (FOR WOMEN ONLY)

SEX

M

F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE

Churaman Bigha, Paithana, Nalanda, Bihar.

DATE OF BIRTH (dd/mm/yyyy)

11/01/1992

NATIONALITY INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

Rolling Mill.

TELEPHONE

8340631250

BIRTHPLACE

Churaman Bigha

PRESENT MARITAL STATUS

Single

Married Date: (dd/mm/yyyy).....

Divorced (dd/mm/yyyy).....

Separated Date: (dd/mm/yyyy).....

Widowed Date: (dd/mm/yyyy).....

DUTY STATION

CAPTAIN STEEL INDIA LTD.

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization: _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	50yrs			High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	48yrs			Heart Disease		<input checked="" type="checkbox"/>	
Brothers	22yrs			Diabetes		<input checked="" type="checkbox"/>	
Sisters	24yrs			Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	25yrs			Asthma		<input checked="" type="checkbox"/>	
Children	10yrs			Cancer		<input checked="" type="checkbox"/>	
	8yrs			Epilepsy		<input checked="" type="checkbox"/>	
				Mental Disorders		<input checked="" type="checkbox"/>	
				Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official: _____

Comments: _____

Department of Unit: _____

Date: _____

Date: (dd/mm/yyyy)

Signature: _____

VERY IMPORTANT: Please indicate the recruiting Agency or Organization: _____

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes , state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		<input checked="" type="checkbox"/>	Heart and blood diseases		<input checked="" type="checkbox"/>	Urinary disorders		<input checked="" type="checkbox"/>	Fainting spells		<input checked="" type="checkbox"/>
Hay fever		<input checked="" type="checkbox"/>	Pains in the heart region		<input checked="" type="checkbox"/>	Kidney trouble		<input checked="" type="checkbox"/>	Epilepsy		<input checked="" type="checkbox"/>
Tuberculosis		<input checked="" type="checkbox"/>	Varicose veins		<input checked="" type="checkbox"/>	Kidney stones		<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>
Pneumonia		<input checked="" type="checkbox"/>	Frequent indigestion		<input checked="" type="checkbox"/>	Back pain		<input checked="" type="checkbox"/>	Gonorrhoea		<input checked="" type="checkbox"/>
Pleurisy		<input checked="" type="checkbox"/>	Ulcer of stomach of duodenum		<input checked="" type="checkbox"/>	Joint problems		<input checked="" type="checkbox"/>	Any other sexually transmitted disease		<input checked="" type="checkbox"/>
Repeated bronchitis		<input checked="" type="checkbox"/>	Jaundice		<input checked="" type="checkbox"/>	Skin disease		<input checked="" type="checkbox"/>	Tropical disease		<input checked="" type="checkbox"/>
Rheumatic fever		<input checked="" type="checkbox"/>	Gall stones		<input checked="" type="checkbox"/>	Sleeplessness		<input checked="" type="checkbox"/>	Amoebic dysentery		<input checked="" type="checkbox"/>
High blood pressure		<input checked="" type="checkbox"/>	Hernia		<input checked="" type="checkbox"/>	Any nervous or mental disorders		<input checked="" type="checkbox"/>	Malaria		<input checked="" type="checkbox"/>
			Haemorrhoids		<input checked="" type="checkbox"/>	Frequent headaches		<input checked="" type="checkbox"/>			

2. Are you being treated for any condition now ? NO
3. Have you ever coughed up blood ? NO
4. Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
5. Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
6. Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____
And for what illness ? NO
7. Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____
Do you have any other disability ? NO
8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
9. Are you taking any medicine regularly ? NO if so, which ? _____
10. Have you gained or lost weight during the last three years ? NO if so, which ? _____
11. Have you ever been refused life insurance ? NO if so, state reason : _____
12. Have you ever been refused employment in health grounds ? NO if so, state reason : _____
13. Have you ever received or applied for a pension or compensation for any permanent disability ? _____ Degree ? _____
Please give details : _____
14. Have you ever stayed in any other country ? NO if so, for how long ? _____
15. Have you in the past suffered from any condition on which prevented travel by air ? NO
16. Do you consider yourself to be in good health ? _____ Do you have full work capacity ? Yes
17. Do you smoke regularly ? Yes No If so, what do you smoke ? Cigarettes _____ _____
For how many years have you smoked ? NO
18. Daily consumption of alcoholic beverages : NO
19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO
Give details : _____
20. Give any other significant information concerning your health ? NO
21. What is your occupation ? SMITH Indicate at least three posts you have occupied: Rolling Mill
22. List any occupational or ether hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Skin: _____ Height: cm. _____ Weight: kg. _____
 Scalp: _____

SIGHT, MEASURED VISUAL ACUITY

Gross vision	Right 6/6	Left 6/6	Pupils: Equal? _____ Regular? _____
Vision with spectacles	Right 6/6	Left 6/6	Fundi (if necessary): _____
Near vision	Right 6/6	Left 6/6	Colour vision: _____
With correction	Right _____	Left _____	

HEARING (test by whispering)

Right	Normal: <input checked="" type="checkbox"/>	Sufficient: <input checked="" type="checkbox"/>	Insufficient: _____
Left	Normal: <input checked="" type="checkbox"/>	Sufficient: <input checked="" type="checkbox"/>	Insufficient: _____
Ear drum	Right: <i>Normal</i>	Left: <i>Normal</i>	

NOSE-MOUTH-NECK

Nose: <i>Normal</i>	Pharynx: <i>Normal</i>	Teeth: <i>Normal</i>
Tongue: <i>Normal</i>	Tonsils: <i>NIL</i>	Thyroid: <i>NIL</i>

CARDIOVASCULAR SYSTEM

Pulse rate: <i>80/m</i>	Auscultation: _____	Peripheral arteries: _____
Rhythm: <i>Normal</i>	Blood pressure: <i>140/80 mmHg</i>	-carotid: _____
Apex beat: <i>Normal</i>	Varicose veins: <i>NIL</i>	-posterior tibial: _____
		-dorsalis pedis: _____

Electrocardiogram - Please attach tracing

RESPIRATORY SYSTEM

Thorax: _____	Breasts: _____	RIGHT 	LEFT
---------------	----------------	-----------	----------

DIGESTIVE SYSTEM

Abdomen: <i>Palpable</i>	Spleen: <i>Not Normal</i>
Liver: <i>Normal</i>	Hernia: <i>NIL</i>
	Rectal examination: _____

NERVOUS SYSTEM

Papillary reflexes:	-To light	Plantar reflexes: _____
	-On accommodation:	Motor functions: _____
		Sensory functions: _____

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal</i>	Behaviour: <i>Good.</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>NA</i>	Genitals:
SKELETAL SYSTEM	
Skull: <i>Normal.</i>	Upper extremities: <i>WNL</i>
Spine: <i>Normal.</i>	Lower extremities: <i>WNL</i>
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "if" indicated

Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>NIL</i>
Blood	Haemoglobin:	<i>15.2</i> grams/l	Leucocytes: <i>29%</i>
	Haematocrit:		Differential count (if indicated): <i>N-62% L-29% E-87% M-02%</i>
	Erythrocytes:		Blood sedimentation rate: <i>12 mm / 1st Hour.</i>
Blood chemistry			
	Sugar: <i>97.7 mg/dl</i>	Urea or Creatinine: <i>24.12 mg/dl, 0.68 mg/dl</i>	
	Cholesterol: <i>143 mg/dl</i>	Uric acid: <i>4.85 mg/dl</i>	

Serological test for syphilis : Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS.

Signature:



Address:

Rupnayanpur.

Date: (dd/mm/yyyy)

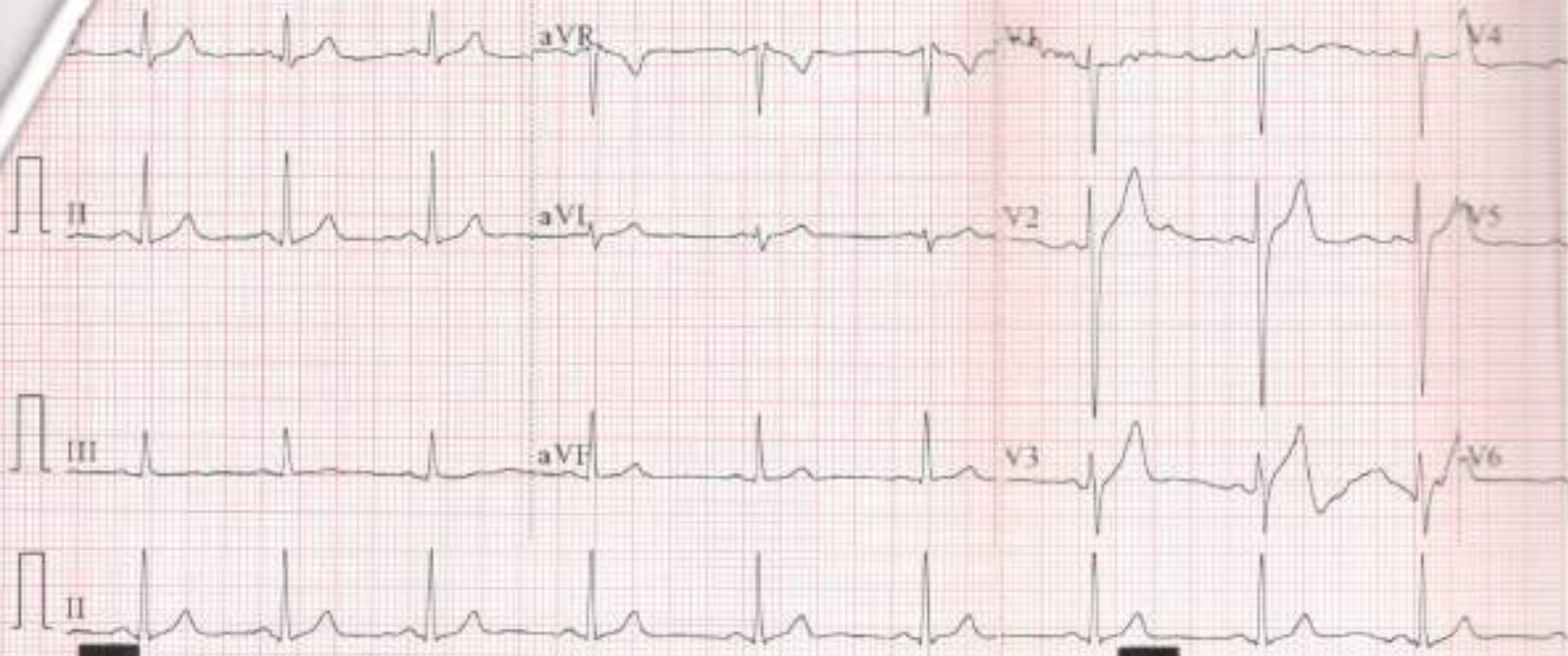
30/03/2023

Dr. Chandan Das
M.D.

Consultant Physician
Reg. No. : 84076 (WBMC)

22-03-2023 11:40:38 AM

KUMAR Male 28Year



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s Ir ♥71 1.33

SEMIP L7 MONDAL X F

CARDIAC SHADOW NORMAL.
PLEURAL RECESSES ARE CLEAR.



Handwritten signature/initials

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By

Handwritten signature of Dr. Abir Guha

Pathologist
Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M



ID: 1076
CHUNNU KUMAR
Male 28Year

22-03-2023 11:40:38 AM
HR : 68 bpm
P : 105 ms
PR : 135 ms
QRS : 82 ms
QT/QTc : 351/376 ms
P:QRS:T : 65/71/53 °
RV5/SV1 : 1.735/1.093 mV

Minnesota Code:

Diagnosis Information:
Sinus Rhythm
Normal ECG

CLINIC

Ref-Phys. :
Report Confirmed by:

Faint handwritten text, possibly a signature or date.

X-RAY DIGITAL X-RAY IVP BA-MEAL HSG DENTAL X-RAY OPG

CHUNNU KUMAR.MALE.28YRS

X-RAY-CHEST-PA

REF BY DR.

22.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



Handwritten signature
22/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

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Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By

Handwritten signature

Pathologist

Dr. AbirGuha MBBS,MD(Patho)
Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- CHUNNU KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 28Y /M

LAB CODE- 001948

INVESTIGATION- BLOOD REPORT

HAEMATOTOLOGY REPORT

<u>Name of investigation</u>	<u>Report</u>	<u>Normal Range</u>
Total W.B.C Count	8,500/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	62 %	65-70%
Lymphocytes	29 %	20-35%
Eosinophils	07 %	02-07%
Monocytes	02 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	15.2 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	12 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"O" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	143 mg/dl	150-220 mg/dl
Blood Urea	24.12 mg/dl	10-44 mg/dl
Serum Creatinine	0.68mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	4.85 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	97.1 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- CHUNNU KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 28Y /M

LAB CODE- 001949

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty.	:	Approx. 10 ml
Colour	:	straw
Consistency	:	clear
Sediment	:	Nil

Chemical Examination

Reaction	:	acidic
Sugar	:	Nil
Albumin	:	Nil

Microscopic Examination

Pus Cells	:	02-04/hpf
R.B.C	:	Nil
Epithelial cells	:	04-06/hpf
Cast/ Crystal	:	Calcium Oxalate Occasional
Others	:	Nil
Bacteria	:	Nil

Please Correlate With Clinical Condition

End Of Report



Lab technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages Janif 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)

BHANU KUMAR.

GIVEN NAMES

MIDDLE NAME (FOR WOMEN ONLY)

SEX

M

F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE

MAHADEV BIGHA. PATNA

DATE OF BIRTH (dd/mm/yyyy)

22/7/1994

NATIONALITY

INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

Rolling Mill.

TELEPHONE

9390032904

BIRTHPLACE

MAHADEV BIGHA

PRESENT MARITAL STATUS

Single

Married

Date: (dd/mm/yyyy)

Divorced

Date: (dd/mm/yyyy)

Separated

Date: (dd/mm/yyyy)

Widowed

Date: (dd/mm/yyyy)

DUTY STATION

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization: _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	65yrs			High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	60yrs			Heart Disease		<input checked="" type="checkbox"/>	
Brothers	45yrs			Diabetes		<input checked="" type="checkbox"/>	
Sisters	40yrs			Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	28yrs			Asthma		<input checked="" type="checkbox"/>	
Children	7yrs			Cancer		<input checked="" type="checkbox"/>	
	4yrs			Epilepsy		<input checked="" type="checkbox"/>	
	2yrs			Mental Disorders		<input checked="" type="checkbox"/>	
				Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official:

Comments:

Department of Unit:

Date:

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT: Please indicate the recruiting Agency or Organization:

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		✓	Heart and blood diseases		✓	Urinary disorders		✓	Fainting spells		✓
Hay fever		✓	Pains in the heart region		✓	Kidney trouble		✓	Epilepsy		✓
Tuberculosis		✓	Varicose veins		✓	Kidney stones		✓	Diabetes		✓
Pneumonia		✓	Frequent indigestion		✓	Back pain		✓	Gonorrhoea		✓
Pleurisy		✓	Ulcer of stomach of duodenum		✓	Joint problems		✓	Any other sexually transmitted disease		✓
Repeated bronchitis		✓	Jaundice		✓	Skin disease		✓	Tropical disease		✓
Rheumatic fever		✓	Gall stones		✓	Sleeplessness		✓	Amoebic dysentery		✓
High blood pressure		✓	Hernia		✓	Any nervous or mental disorders		✓	Malaria		✓
			Haemorrhoids		✓	Frequent headaches		✓			

- Are you being treated for any condition now ? NO
- Have you ever coughed up blood ? NO
- Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
- Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
- Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____
And for what illness ? _____
- Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____
Do you have any other disability ? NO
- Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
- Are you taking any medicine regularly ? NO if so, which ? _____
- Have you gained or lost weight during the last three years ? NO if so, which ? _____
- Have you ever been refused life insurance ? NO if so, state reason : _____
- Have you ever been refused employment in health grounds ? NO if so, state reason : _____
- Have you ever received or applied for a pension or compensation for any permanent disability ? _____ Degree ? _____
Please give details : _____
- Have you ever stayed in any other country ? NO if so, for how long ? _____
- Have you in the past suffered from any condition on which prevented travel by air ? NO
- Do you consider yourself to be in good health ? NO Do you have full work capacity ? YES
- Do you smoke regularly ? Yes No If so, what do you smoke ? Cigarettes _____ _____
- For how many years have you smoked ? _____
- Daily consumption of alcoholic beverages : NO
- Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO
Give details : _____
- Give any other significant information concerning your health ? NO
- What is your occupation ? _____ Indicate at least three posts you have occupied : Rolling mill
- List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Skin: _____ Height: cm. _____ Weight: kg. _____

SIGHT, MEASURED VISUAL ACUITY

Gross vision Right 6/6 Left 6/6 Pupils: Normal Equal? Regular?

Vision with spectacles Right 6/6 Left 6/6 Fundi (if necessary): _____

Near vision Right 6/6 Left 6/6 Colour vision: _____

With correction Right _____ Left _____

HEARING

(test by whispering)	Right	Normal: <input checked="" type="checkbox"/>	Sufficient: _____	Insufficient: _____
	Left	Normal: <input checked="" type="checkbox"/>	Sufficient: _____	Insufficient: _____
	Ear drum	Right: <u>Normal</u>	Left: _____	_____

NOSE-MOUTH-NECK

Nose: Normal Pharynx: NIL Teeth: Normal

Tongue: Normal Tonsils: NIL Thyroid: NIL

CARDIOVASCULAR SYSTEM

Pulse rate: 76/M Auscultation: _____ Peripheral arteries: _____

Rhythm: Normal Blood pressure: 130/80 mm Hg -carotid: _____

Apex beat: _____ Varicose veins: _____ -posterior tibial: _____

_____ -dorsalis pedis: _____

Electrocardiogram - Please attach tracing _____

RESPIRATORY SYSTEM

Thorax: WHL Breasts: _____ RIGHT  LEFT 

DIGESTIVE SYSTEM Spleen: Normal

Abdomen: Normal Hernia: Normal

Liver: Normal Rectal examination: _____

NERVOUS SYSTEM Plantar reflexes: _____

Papillary reflexes: -To light _____ Motor functions: _____

-On accommodation: _____ Sensory functions: _____

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS.

Signature:



Address:

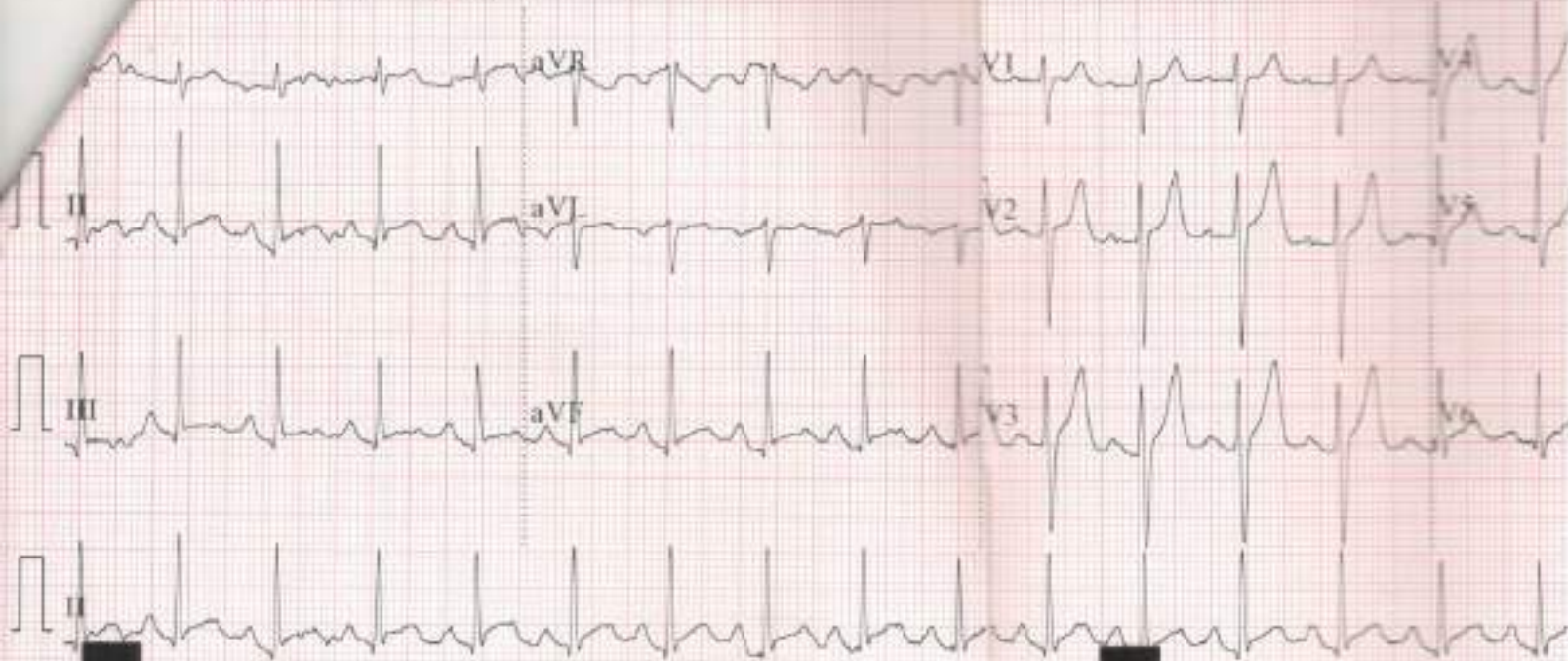
Rupnayanpur.

Date: (dd/mm/yyyy)

30/03/2023

Dr. Chandan Das
M.D.

Consultant Physician
Reg. No. : 84076 (WBMC)



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s-1r ♥I11 1.33

SEMIP 1.7 MONDAL X RA

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-ME

D 22/3
Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By

Dr. Abir Guha

Pathologist
Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist

ID: 1078
B BHANU KUMAR
Male 30Year

22-03-2023 11:49:49 AM
HR : 112 bpm
P : 109 ms
PR : 169 ms
QRS : 81 ms
QT/QTc : 312/427 ms
P QRST : 86/89/58 °
RV5/SVI : 1.118/0.628 mV



Minnesota Code:
8-7-3 9-4-3

Diagnosis Information:
Sinus Tachycardia
Slight ST Elevation(V4)

Ref-Phys :
Report Confirmed by:

CLINIC

Dr. Chandra Das
MD
Internal Medicine
1000 ...

B BHANU KUMAR.MALE.30YRS

X-RAY-CHEST-PA

REF BY DR.

22.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



22/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verify By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- B.BHANU KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 30Y /M

LAB CODE- 001951

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

Name of investigation	Report	Normal Range
Total W.B.C Count	8,800/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	58 %	65-70%
Lymphocytes	34 %	20-35%
Eosinophils	06 %	02-07%
Monocytes	02 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	15.8 gm/dl	M13.5-18 gm/dl F12.0-16.0
		METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	16 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"B" Negative	

BIOCHEMISTRY REPORT

Total Cholestrol	147 mg/dl	150-220 mg/dl
Blood Urea	30.15 mg/dl	10-44 mg/dl
Serum Creatinine	0.76mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	5.75 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	79.2 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- B.BHANU KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 30Y /M

LAB CODE- 001951

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Trac

Microscopic Examination

Pus Cells : 02-04/hpf
R.B.C : Nil
Epithelial cells : 03-05/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages 1 and 2 are to be completed by the candidate.

FAMILY NAME (IN BLOCK CAPITALS)

ARUN KUMAR.

GIVEN NAMES

MIDDLE NAME (FOR WOMEN ONLY)

SEX

M

F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE

JHANABAD, BIHAR, MODANGANJ BLOCK.

DATE OF BIRTH (dd/mm/yyyy)

1/1/1993

NATIONALITY

INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

Rolling Mill.

TELEPHONE

7063442900.

BIRTHPLACE

JHANABAD.

PRESENT MARITAL STATUS

Single

DUTY STATION

CAPTAIN STEEL INDIA Ltd.

Married Date: (dd/mm/yyyy)..... Divorced (dd/mm/yyyy).....

Separated Date: (dd/mm/yyyy)..... Widowed Date: (dd/mm/yyyy).....

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so. Please state when, where and for which organization : _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	52 Yrs.			High Blood Pressure		✓	
Mother	48 Yrs.			Heart Disease		✓	
Brothers	25 Yrs.			Diabetes		✓	
Sisters	30 Yrs.			Tuberculosis		✓	
Spouse	25 Yrs.			Asthma		✓	
Children	5-6 Yrs.			Cancer		✓	
	3 1/2 Yrs.			Epilepsy		✓	
	2 Yrs.			Mental Disorders		✓	
	10 Month.			Paralysis		✓	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :		Comments :	
Department of Unit :			
Date :			
		Date: (dd/mm/yyyy)	Signature:
VERY IMPORTANT : Please indicate the recruiting Agency or Organization :			

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		<input checked="" type="checkbox"/>	Heart and blood diseases		<input checked="" type="checkbox"/>	Urinary disorders		<input checked="" type="checkbox"/>	Fainting spells		<input checked="" type="checkbox"/>
Hay fever		<input checked="" type="checkbox"/>	Pains in the heart region		<input checked="" type="checkbox"/>	Kidney trouble		<input checked="" type="checkbox"/>	Epilepsy		<input checked="" type="checkbox"/>
Tuberculosis		<input checked="" type="checkbox"/>	Varicose veins		<input checked="" type="checkbox"/>	Kidney stones		<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>
Pneumonia		<input checked="" type="checkbox"/>	Frequent indigestion		<input checked="" type="checkbox"/>	Back pain		<input checked="" type="checkbox"/>	Gonorrhoea		<input checked="" type="checkbox"/>
Pleurisy		<input checked="" type="checkbox"/>	Ulcer of stomach of duodenum		<input checked="" type="checkbox"/>	Joint problems		<input checked="" type="checkbox"/>	Any other sexually transmitted disease		<input checked="" type="checkbox"/>
Repeated bronchitis		<input checked="" type="checkbox"/>	Jaundice		<input checked="" type="checkbox"/>	Skin disease		<input checked="" type="checkbox"/>	Tropical disease		<input checked="" type="checkbox"/>
Rheumatic fever		<input checked="" type="checkbox"/>	Gall stones		<input checked="" type="checkbox"/>	Sleeplessness		<input checked="" type="checkbox"/>	Amoebic dysentery		<input checked="" type="checkbox"/>
High blood pressure		<input checked="" type="checkbox"/>	Hernia		<input checked="" type="checkbox"/>	Any nervous or mental disorders		<input checked="" type="checkbox"/>	Malaria		<input checked="" type="checkbox"/>
			Haemorrhoids		<input checked="" type="checkbox"/>	Frequent headaches		<input checked="" type="checkbox"/>			

2. Are you being treated for any condition now ? NO
 3. Have you ever coughed up blood ? NO
 4. Have you ever noticed blood in your stools ? NO in your urine? NO Give details _____
 5. Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
 6. Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____ And for what illness ? _____
 7. Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____ Do you have any other disability? NO
 8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
 9. Are you taking any medicine regularly ? NO if so, which ? _____
 10. Have you gained or lost weight during the last three years ? NO if so, which ? _____
 11. Have you ever been refused life insurance ? NO if so, state reason : _____
 12. Have you ever been refused employment in health grounds ? NO if so, state reason : _____
 13. Have you ever received or applied for a pension or compensation for any permanent disability ? NO Degree ? _____ Please give details : _____
 14. Have you ever stayed in any other country ? NO if so, for how long? _____
 15. Have you in the past suffered from any condition on which prevented travel by air? NO
 16. Do you consider yourself to be in good health ? NO Do you have full work capacity ? Yes
 17. Do you smoke regularly ? Yes No if so, what do you smoke? Cigarettes _____
- For how many years have you smoked ? _____
18. Daily consumption of alcoholic beverages: NO
 19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
 20. Give any other significant information concerning your health ? _____
 21. What is your occupation ? Sevill indicate at least three posts you have occupied: Kalline Hill
 22. List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Height: cm. _____ Weight: kg. _____
 Skin: _____
 Scalp: _____

SIGHT, MEASURED VISUAL ACUITY

Gross vision	Right <i>6/6</i>	Left <i>6/6</i>	Pupils: Equal? _____ Regular? _____
Vision with spectacles	Right _____	Left _____	Fundi (if necessary): _____
Near vision	Right _____	Left _____	Colour vision: _____
With correction	Right _____	Left _____	

HEARING
(test by whispering)

Right	Normal: <input checked="" type="checkbox"/>	Sufficient: _____	Insufficient: _____
Left	Normal: <input checked="" type="checkbox"/>	Sufficient: _____	Insufficient: _____
Ear drum	Right: _____	Left: _____	

NOSE-MOUTH-NECK

Nose: <i>WNL</i>	Pharynx: _____	Teeth: _____
Tongue: <i>WNL</i>	Tonsils: _____	Thyroid: _____

CARDIOVASCULAR SYSTEM

Pulse rate: <i>80/M</i>	Auscultation: _____	Peripheral arteries -carotid: _____
Rhythm: <i>Normal</i>	Blood pressure: <i>120/80 mm Hg.</i>	-posterior tibial: _____
Apex beat: _____	Varicose veins: _____	-dorsalis pedis: _____

Electrocardiogram – Please attach tracing

RESPIRATORY SYSTEM

Thorax: _____	Breasts	RIGHT	LEFT
---------------	---------	-------	------

DIGESTIVE SYSTEM

Abdomen: <i>WNL</i>	Spleen: _____
Liver: _____	Hernia: _____
	Rectal examination: _____

NERVOUS SYSTEM

Papillary reflexes: _____	-To light _____	Plantar reflexes: _____
	-On accommodation: _____	Motor functions: _____
		Sensory functions: _____

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal</i>	Behaviour: <i>Good</i>
GENITO-URINARY SYSTEM	
KIDNEYS:	Genitals:
SKELETAL SYSTEM	
Skull:	Upper extremities:
Spine:	Lower extremities:
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film – Please send the radiologist's report) <i>WNL</i>	

LABORATORY

The results of all the following investigations must be included except where marked "if" indicated

Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>NIL</i>
Blood	Haemoglobin: <i>14.5 gm/dL</i>	grams/l	Leucocytes: <i>28%</i>
	Haematocrit:		Differential count (if indicated): <i>N-64% L-28% E-0.8% M-8%</i>
	Erythrocytes:		Blood sedimentation rate: <i>13 mm / 1st hour</i>
Blood chemistry			
	Sugar: <i>78.6 mg/dL</i>		Urea or Creatinine: <i>28.10 mg/dL</i>
	Cholesterol: <i>145 mg/dL</i>		Uric acid: <i>5.45 mg/dL</i>

Serological test for syphilis: Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

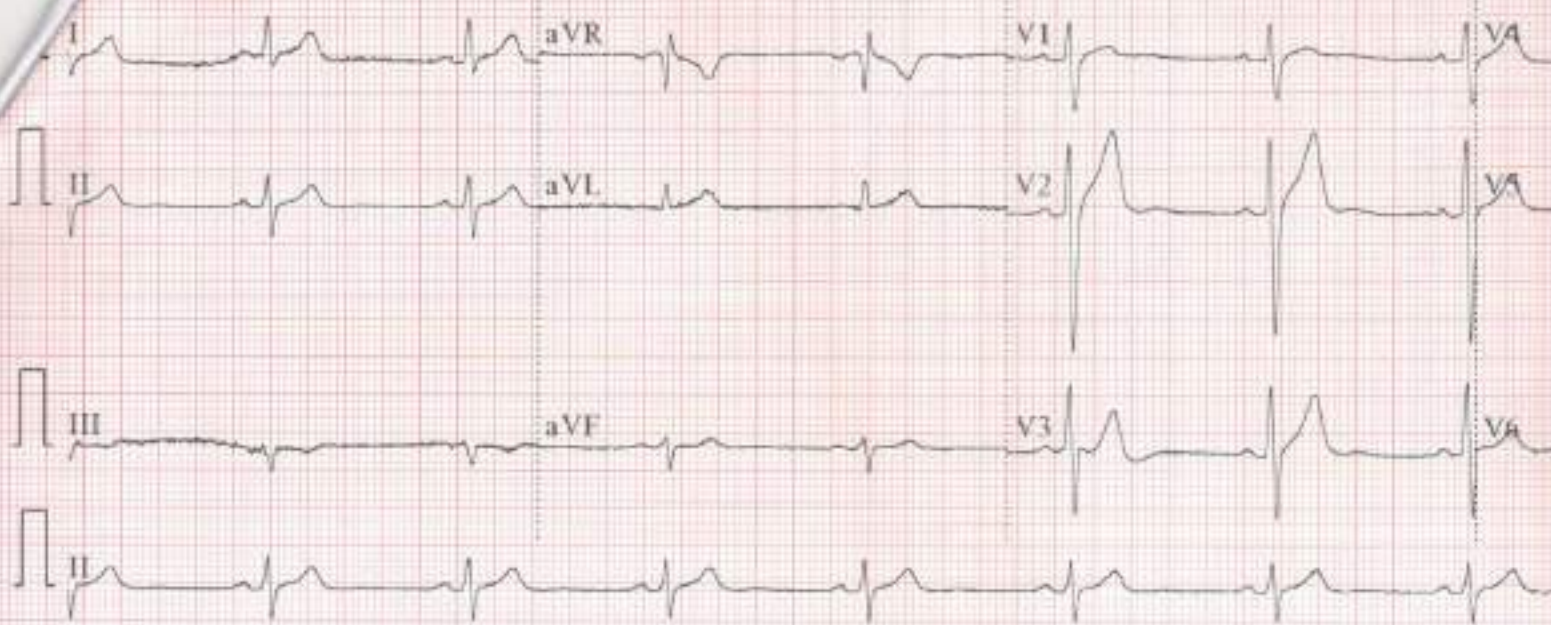
Patient Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals): DR. CHANDAN DAS.	Signature: 
Address: Rupnayanpur.	Date: (dd/mm/yyyy) 30/03/2023 Dr. Chandan Das M.D. Consultant Physician Reg. No. : 84076 (WBMC)

22-03-2023 11:54:48 AM

KUMAR Male 28Year



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s+Ir ♥57 133

SEMIP 1.7 MONDAL X

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.

xc

D
22/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By

Abir Guha

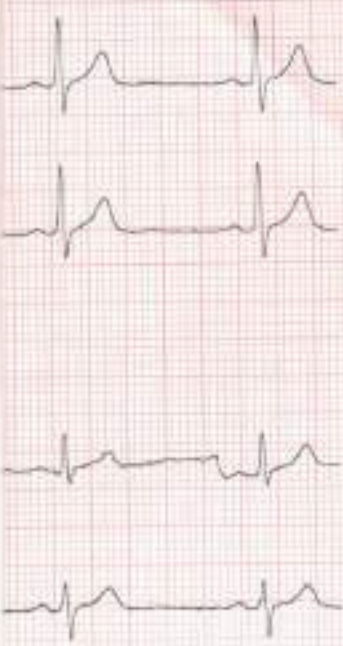
Pathologist

Dr. Abir Guha MBBS, MD(Patho)

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M

ID: 1079
ARUN KUMAR
Male 28Year

22-03-2023 11:54:48 AM
HR : 56 bpm
P : 107 ms
PR : 151 ms
QRS : 95 ms
QT/QTc : 362/350 ms
P-QRS-T : 38 -16/20 °
RV5-SVI : 0.924/0.592 mV



Minnesota Code:
8-8-3 9-4-1

Diagnosis Information:
Sinus Bradycardia

AY CLINIC

Ref-Phys. :
Report Confirmed by:

Dr. Chandan Das
M.D.
Cardiologist
Reg. No. 12001/WN/12

X-RAY DIGITAL X-RAY DIGITAL ECG IVP BA-MEAL HSG DENTAL X-RAY OPG

ARUN KUMAR.MALE.28YRS

X-RAY-CHEST-PA

REF BY DR.

22.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



Handwritten signature
22/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By
Handwritten signature

Handwritten signature

Pathologist

Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- ARUN KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 28Y /M

LAB CODE- 001950

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

<u>Name of investigation</u>	<u>Report</u>	<u>Normal Range</u>
Total W.B.C Count	7,800/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	64 %	65-70%
Lymphocytes	28 %	20-35%
Eosinophils	06 %	02-07%
Monocytes	02 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	14.5 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	13 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"B" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	145 mg/dl	150-220 mg/dl
Blood Urea	28.10 mg/dl	10-44 mg/dl
Serum Creatinine	0.66mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	5.45 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	78.6 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- ARUN KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 28Y /M

LAB CODE- 001951

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty.	:	Approx. 10 ml
Colour	:	straw
Consistency	:	clear
Sediment	:	Nil

Chemical Examination

Reaction	:	acidic
Sugar	:	Nil
Albumin	:	Nil

Microscopic Examination

Pus Cells	:	03-05/hpf
R.B.C	:	Nil
Epithelial cells	:	05-07/hpf
Cast/ Crystal	:	Calcium Oxalate Occasional
Others	:	Nil
Bacteria	:	Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS) PARMESH KUMAR	GIVEN NAMES PANDAY.	MIDDLE NAME (FOR WOMEN ONLY)	SEX M <input type="checkbox"/> F <input type="checkbox"/>
---	-------------------------------	------------------------------	--

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE 14, BSK College Road, Gagna Maithan Dam, Dhanbad.	DATE OF BIRTH (dd/mm/yyyy) 7/4/1995
	NATIONALITY INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK) SMS.	TELEPHONE	BIRTHPLACE Gagna Maithan.
---	-----------	----------------------------------

DUTY STATION CAPTAIN STEEL INDIA LTD.	PRESENT MARITAL STATUS	
	Single <input type="checkbox"/>	Married <input checked="" type="checkbox"/> Date: (dd/mm/yyyy)..... Divorced <input type="checkbox"/> (dd/mm/yyyy).....
	Separated <input type="checkbox"/> Date: (dd/mm/yyyy).....	Widowed <input type="checkbox"/> Date: (dd/mm/yyyy).....

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization : _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father		<i>Normal death</i>	<i>58 Yrs.</i>	High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	<i>58 Yrs.</i>			Heart Disease		<input checked="" type="checkbox"/>	
Brothers	<i>36 Yrs.</i>			Diabetes		<input checked="" type="checkbox"/>	
Sisters	<i>32 Yrs.</i>			Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	<i>24 Yrs.</i>			Asthma		<input checked="" type="checkbox"/>	
Children	<i>5 Yrs.</i>			Cancer		<input checked="" type="checkbox"/>	
	<i>1 1/2 Yrs.</i>			Epilepsy		<input checked="" type="checkbox"/>	
				Mental Disorders		<input checked="" type="checkbox"/>	
				Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :		Comments :	
Department of Unit :			
Date :		Date: (dd/mm/yyyy)	Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :


Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes	No		Yes	No		Yes	No		Yes	No
	Date			Date			Date			Date	
Frequent sore throats		<input checked="" type="checkbox"/>	Heart and blood diseases		<input checked="" type="checkbox"/>	Urinary disorders		<input checked="" type="checkbox"/>	Fainting spells		<input checked="" type="checkbox"/>
Hay fever		<input checked="" type="checkbox"/>	Pains in the heart region		<input checked="" type="checkbox"/>	Kidney trouble		<input checked="" type="checkbox"/>	Epilepsy		<input checked="" type="checkbox"/>
Tuberculosis		<input checked="" type="checkbox"/>	Varicose veins		<input checked="" type="checkbox"/>	Kidney stones		<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>
Pneumonia		<input checked="" type="checkbox"/>	Frequent indigestion		<input checked="" type="checkbox"/>	Back pain		<input checked="" type="checkbox"/>	Gonorrhoea		<input checked="" type="checkbox"/>
Pleurisy		<input checked="" type="checkbox"/>	Ulcer of stomach of duodenum		<input checked="" type="checkbox"/>	Joint problems		<input checked="" type="checkbox"/>	Any other sexually transmitted disease		<input checked="" type="checkbox"/>
Repeated bronchitis		<input checked="" type="checkbox"/>	Jaundice		<input checked="" type="checkbox"/>	Skin disease		<input checked="" type="checkbox"/>	Tropical disease		<input checked="" type="checkbox"/>
Rheumatic fever		<input checked="" type="checkbox"/>	Gall stones		<input checked="" type="checkbox"/>	Sleeplessness		<input checked="" type="checkbox"/>	Amoebic dysentery		<input checked="" type="checkbox"/>
High blood pressure		<input checked="" type="checkbox"/>	Hernia		<input checked="" type="checkbox"/>	Any nervous or mental disorders		<input checked="" type="checkbox"/>	Malaria		<input checked="" type="checkbox"/>
			Haemorrhoids		<input checked="" type="checkbox"/>	Frequent headaches		<input checked="" type="checkbox"/>			

- Are you being treated for any condition now ? NO
- Have you ever coughed up blood ? NO
- Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
- Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
- Have you ever been absent from work for longer than one month through illness ? NO If so, when ? _____ And for what illness ? _____
- Have you had any accidents as a result of which you are partially disabled ? NO If so, what and when ? _____ Do you have any other disability ? NO
- Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
- Are you taking any medicine regularly ? NO if so, which ? _____
- Have you gained or lost weight during the last three years ? NO if so, which ? _____
- Have you ever been refused life insurance ? NO if so, state reason : _____
- Have you ever been refused employment in health grounds ? NO if so, state reason : _____
- Have you ever received or applied for a pension or compensation for any permanent disability ? NO Degree ? _____ Please give details : _____
- Have you ever stayed in any other country ? NO if so, for how long ? _____
- Have you in the past suffered from any condition on which prevented travel by air ? NO
- Do you consider yourself to be in good health ? _____ Do you have full work capacity ? YES
- Do you smoke regularly ? Yes No If so, what do you smoke ? Cigarettes _____ _____
- For how many years have you smoked ? NO
- Daily consumption of alcoholic beverages : NO
- Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
- Give any other significant information concerning your health ? _____
- What is your occupation ? Sevill Indicate at least three posts you have occupied : Rolling Mill
- List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE		Height: cm.	Weight: kg.
Skin:		Scalp:	
SIGHT, MEASURED VISUAL ACUITY			
Gross vision	Right 6/6	Left 6/6	Pupils: Equal? Regular?
Vision with spectacles	Right 6/6	Left 6/6	Fundi (if necessary):
Near vision	Right 6/6	Left 6/6	Colour vision:
With correction	Right	Left	
HEARING (test by whispering)	Right	Normal: <input checked="" type="checkbox"/>	Sufficient: <input checked="" type="checkbox"/> Insufficient:
	Left	Normal: <input checked="" type="checkbox"/>	Sufficient: <input checked="" type="checkbox"/> Insufficient:
	Ear drum	Right: Normal	Left: Normal
NOSE-MOUTH-NECK	Nose:	Normal	Pharynx: Normal Teeth: Normal
	Tongue:	Normal	Tonsils: NIL Thyroid: NIL
CARDIOVASCULAR SYSTEM			Peripheral arteries
Pulse rate: 80/H.	Auscultation:		-carotid:
Rhythm: Normal	Blood pressure: 130/80 mmHg.		-posterior tibial:
Apex beat:	Varicose veins: NIL		-dorsalis pedis:
Electrocardiogram - Please attach tracing			
RESPIRATORY SYSTEM		Breasts	RIGHT LEFT
Thorax:			
DIGESTIVE SYSTEM		Spleen:	Normal
Abdomen:	Normal	Hernia:	NIL
Liver:	Normal	Rectal examination:	
NERVOUS SYSTEM		Plantar reflexes:	
Papillary reflexes:	-To light	Motor functions:	
	-On accommodation:	Sensory functions:	

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal.</i>	Behaviour: <i>Good.</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>Normal.</i>	Genitals:
SKELETAL SYSTEM	
Skull: <i>Normal -</i>	Upper extremities: <i>Normal.</i>
Spine:	Lower extremities:
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "if" indicated

Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>NIL</i>
Blood	Haemoglobin:	<i>15.0</i> grams/l	Leucocytes: <i>30%</i>
	Haematocrit:		Differential count (if indicated): <i>N-61% L-30% E-07% H-02%</i>
	Erythrocytes:		Blood sedimentation rate: <i>10 mm/2nd hour.</i>
Blood chemistry			
	Sugar: <i>87.6 mg/dL</i>		Urea or Creatinine: <i>22.15 mg/dL - 0.91 mg/dL</i>
	Cholesterol: <i>140 mg/dL</i>		Uric acid: <i>4.65 mg/dL</i>

Serological test for syphilis : Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS.

Signature:



Address:

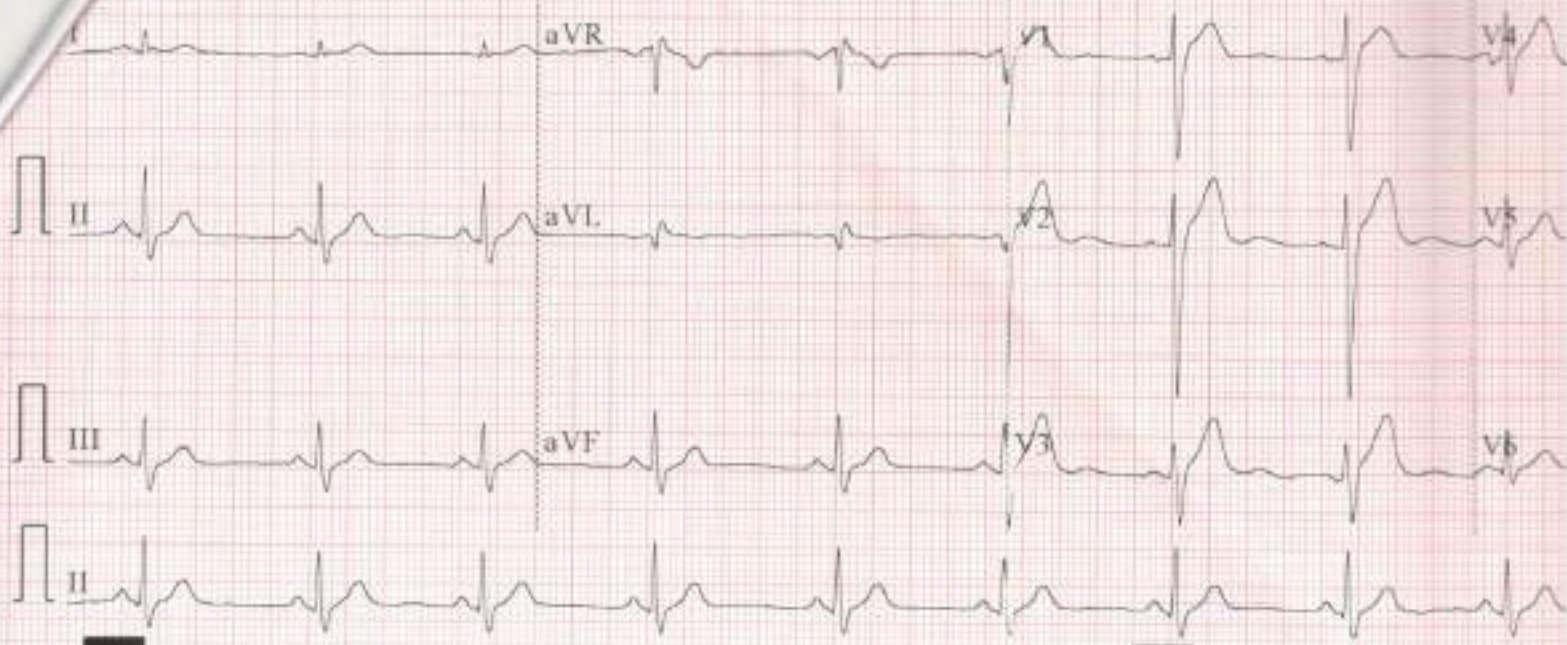
Rupnayanpur.

Date: (dd/mm/yyyy)

30/03/2025

Dr. Chandan Das
M.D.Consultant Physician
Reg. No. : 84076 (WBMC)

SH KR PANDEY Male 27 Year 22-03-2023 11:45:06 AM



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s-1r ♡61 L33

SEMIP 1.7 MONDAL X

CARDIAC SHADOW NORMAL
PLEURAL RECESSES ARE CLEAR.



Dipankar Dasgupta

Dr. Dipankar Dasgupta
MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.

Lab. technician

Verified By

Abir Guha
Pathologist
Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M

ID: 1077
PARMESH KR PANDEY
Male 27Year

22-03-2023 11:45:06 AM
HR : 66 bpm
P : 100 ms
PR : 132 ms
QRS : 103 ms
QT/QTc : 344/362 ms
P:QRS:T : 77/49/68 °
RV5/SV1 : 0.715/1.146 mV



Minnesota Code:
I-3-1 5-3-0 9-4-3

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3)
Slight ST Elevation(V1,V2)

Y CLINIC

Ref-Phys: -
Report Confirmed by:

Dr. Chandan Das
MD
100 No. 100th Street
Baltimore, MD 21286

MB, GOVT. REGD
GHABHA APPROVED & AERB APPROVED

MONDAL X-RAY CLINIC

Durgamandir Road, Dabor More
Rupnarayanpur, PIN - 713386

PARMESH KR PANDEY MALE/27YRS

X-RAY-CHEST-PA

REF BY DR.

22.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL

PLEURAL RECESSES ARE CLEAR.



Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab.technician

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Pathologist

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Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- PARMESH KR PANDAY

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 27Y /M

LAB CODE- 001947

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

Name of investigation	Report	Normal Range
Total W.B.C Count	8,900/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	61 %	65-70%
Lymphocytes	30 %	20-35%
Eosinophils	07 %	02-07%
Monocytes	02 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	15.0 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	10 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"A" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	140 mg/dl	150-220 mg/dl
Blood Urea	22.15 mg/dl	10-44 mg/dl
Serum Creatinine	0.91mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	4.65 mg/dl	3.4-6.0 mg/dl
Blood Sugar [R]	87.6 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab technician

Verified By

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME-PARMESH KR PANDAY

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 27Y /M

LAB CODE- 001947

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Trac

Microscopic Examination

Pus Cells : 04-06/hpf
R.B.C : Nil
Epithelial cells : 02-04/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS,MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature: _____

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS) SUMAN	GIVEN NAMES KUMAR	MIDDLE NAME (FOR WOMEN ONLY)	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
---	-----------------------------	------------------------------	---

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE Bihar, Soharsai gallapati, kaurabag.	DATE OF BIRTH (dd/mm/yyyy) 20/12/1990
	NATIONALITY INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK) Rolling Mill.	TELEPHONE 7352963449.	BIRTHPLACE BIHAR.
--	---------------------------------	--------------------------

DUTY STATION CAPTAIN STEEL INDIA Ltd	PRESENT MARITAL STATUS		
	Single <input type="checkbox"/>	Married <input checked="" type="checkbox"/> Date: (dd/mm/yyyy).....	Divorced <input type="checkbox"/> (dd/mm/yyyy).....
	Separated <input type="checkbox"/> Date: (dd/mm/yyyy).....	Widowed <input type="checkbox"/> Date: (dd/mm/yyyy).....	

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization : _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	60yrs			High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	58yrs			Heart Disease		<input checked="" type="checkbox"/>	
Brothers	35yrs			Diabetes		<input checked="" type="checkbox"/>	
Sisters	38yrs			Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	28yrs			Asthma		<input checked="" type="checkbox"/>	
Children	5yrs			Cancer		<input checked="" type="checkbox"/>	
	3yrs			Epilepsy		<input checked="" type="checkbox"/>	
				Mental Disorders		<input checked="" type="checkbox"/>	
				Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :	Department of Unit :	Comments :	
Date :			
		Date: (dd/mm/yyyy)	Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION	TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :	Comments :	
Department of Unit :		
Date :		
VERY IMPORTANT : Please indicate the recruiting Agency or Organization :		

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		✓	Heart and blood diseases		✓	Urinary disorders		✓	Fainting spells		✓
Hay fever		✓	Pains in the heart region		✓	Kidney trouble		✓	Epilepsy		✓
Tuberculosis		✓	Varicose veins		✓	Kidney stones		✓	Diabetes		✓
Pneumonia		✓	Frequent indigestion		✓	Back pain		✓	Gonorrhoea		✓
Pleurisy		✓	Ulcer of stomach of duodenum		✓	Joint problems		✓	Any other sexually transmitted disease		✓
Repeated bronchitis		✓	Jaundice		✓	Skin disease		✓	Tropical disease		✓
Rheumatic fever		✓	Gall stones		✓	Sleeplessness		✓	Amoebic dysentery		✓
High blood pressure		✓	Hernia		✓	Any nervous or mental disorders		✓	Malaria		✓
			Haemorrhoids		✓	Frequent headaches		✓			

2. Are you being treated for any condition now ? NO
 3. Have you ever coughed up blood ? NO
 4. Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
 5. Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
 6. Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____ And for what illness ? _____
 7. Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____ Do you have any other disability ? NO
 8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
 9. Are you taking any medicine regularly ? NO if so, which ? _____
 10. Have you gained or lost weight during the last three years ? NO if so, which ? _____
 11. Have you ever been refused life insurance ? NO if so, state reason : _____
 12. Have you ever been refused employment in health grounds ? NO if so, state reason : _____
 13. Have you ever received or applied for a pension or compensation for any permanent disability ? NO Degree ? _____ Please give details : _____
 14. Have you ever stayed in any other country ? NO if so, for how long ? _____
 15. Have you in the past suffered from any condition on which prevented travel by air ? NO
 16. Do you consider yourself to be in good health ? YES Do you have full work capacity ? YES
 17. Do you smoke regularly ? Yes No if so, what do you smoke ? Cigarettes _____ _____
- For how many years have you smoked ? NO
18. Daily consumption of alcoholic beverages : NO
 19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
 20. Give any other significant information concerning your health ? _____
 21. What is your occupation ? SEVILLE Indicate at least three posts you have occupied : Rolling Mill
 22. List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENEERAL APPEARANCE		Height: cm.	Weight: kg. <i>70 kg.</i>
Skin: <i>Normal</i>		Scalp:	
SIGHT, MEASURED VISUAL ACUITY			
Gross vision	Right <i>6/6</i>	Left <i>6/6</i>	Pupils: Equal? Regular?
Vision with spectacles	Right <i>6/6</i>	Left <i>6/6</i>	Fundi (if necessary):
Near vision	Right <i>6/6</i>	Left <i>6/6</i>	Colour vision:
With correction	Right	Left	
HEARING (test by whispering)	Right	Normal: <input checked="" type="checkbox"/>	Sufficient: <input type="checkbox"/> Insufficient: <input type="checkbox"/>
	Left	Normal: <input checked="" type="checkbox"/>	Sufficient: <input type="checkbox"/> Insufficient: <input type="checkbox"/>
	Ear drum	Right: <input checked="" type="checkbox"/>	Left: <input type="checkbox"/>
NOSE-MOUTH-NECK	Nose: <i>Normal</i>	Pharynx: <i>Normal</i>	Teeth: <i>Normal</i>
	Tongue: <i>Normal</i>	Tonsils: <i>Nil</i>	Thyroid: <i>N.L</i>
CARDIOVASCULAR SYSTEM			Peripheral arteries
Pulse rate: <i>84/H.</i>	Auscultation:	-carotid:	
Rhythm: <i>Normal</i>	Blood pressure: <i>120 mm per Hg.</i>	-posterior tibial:	
Apex beat:	Varicose veins:	-dorsalis pedis:	
Electrocardiogram - Please attach tracing			
RESPIRATORY SYSTEM		RIGHT	LEFT
Thorax: <i>Normal</i>		Breasts	
DIGESTIVE SYSTEM		Spleen: <i>Normal</i>	
Abdomen: <i>Normal</i>		Hernia: <i>Nil</i>	
Liver: <i>Normal</i>		Rectal examination:	
NERVOUS SYSTEM		Plantar reflexes:	
Papillary reflexes:	-To light	Motor functions:	
	-On accommodation:	Sensory functions:	

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal</i>	Behaviour: <i>Average</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>Normal</i>	Genitals:
SKELETAL SYSTEM	
Skull:	Upper extremities:
Spine:	Lower extremities:
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "if" indicated

Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>NIL</i>
Blood	Haemoglobin:	<i>14.0</i> grams/l	Leucocytes: <i>31%</i>
	Haematocrit:		Differential count (if indicated): <i>N-60% L-30% E-06% H-03%</i>
	Erythrocytes:		Blood sedimentation rate: <i>15 mm / 1st Hour.</i>
Blood chemistry			Urea or Creatinine: <i>21.10 mg/dL 0.60 mg/dL</i>
	Sugar: <i>80.0 mg/dL</i>		Uric acid: <i>4.45 mg/dL</i>
	Cholesterol: <i>135 mg/dL</i>		

Serological test for syphilis : Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS .

Signature:



Address:

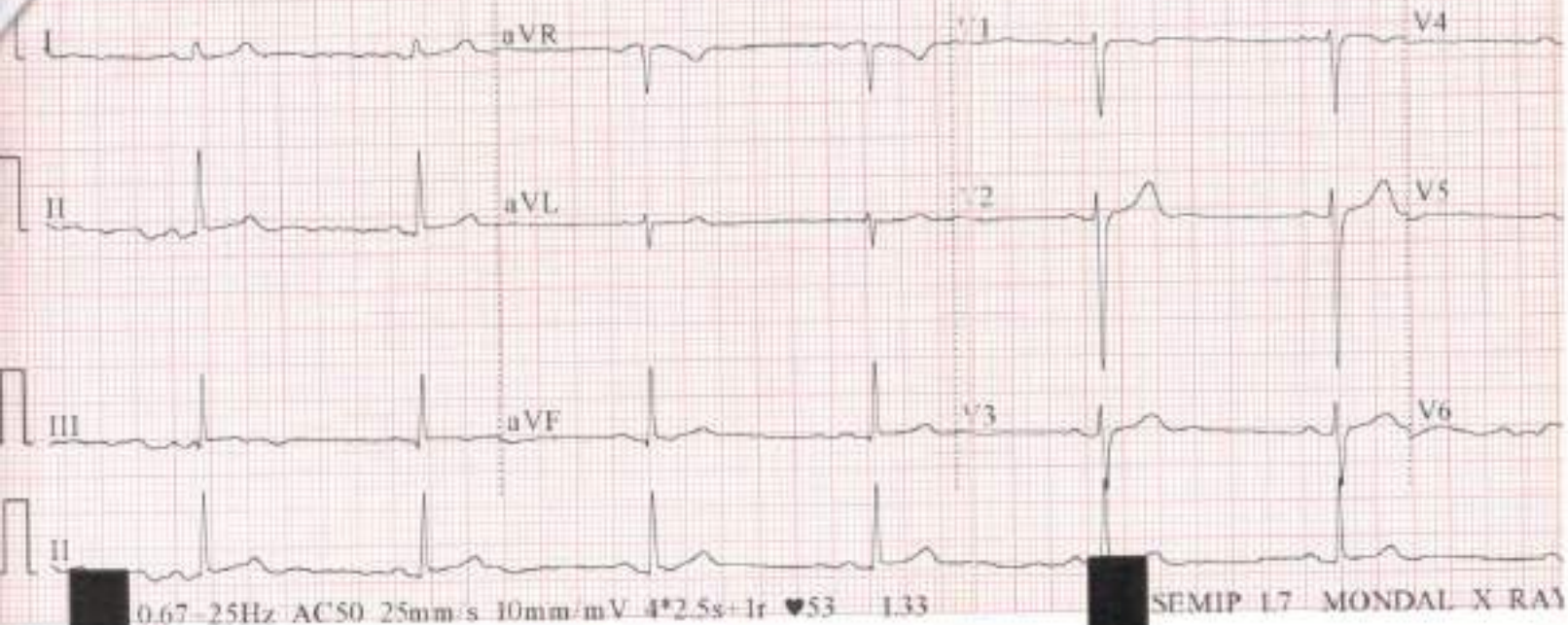
Rupnaryanpur.

Date: (dd/mm/yyyy)

30/03/2023

Dr. Chandan Das
M.D.
Consultant Physician
Reg. No. : 84076 (WBMC)

KUMAR Male 33Year



NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.
 CARDIAC SHADOW NORMAL.
 PLEURAL RECESSES ARE CLEAR.



Handwritten signature

Dr. Dipankar Dasgupta
 MBBS (Cal) DMRD (Cal)
 Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
 e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.

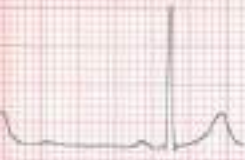
Lab.technician

Verified By

Handwritten signature
 Pathologist
 Dr. AbirGuha MBBS.MD(Patho)

D: 1075
SUMAN KUMAR
Male 33Year

22-03-2023 11:35:46 AM
HR : 47 bpm
P : 107 ms
PR : 166 ms
QRS : 78 ms
QT/QTc : 411/367 ms
P:QRS:T : 53/71/43 °
RV5/SV1 : 1.669/0.989 mV



Minnesota Code:
8-8-3 9-4-3

Diagnosis Information:
Sinus Bradycardia
Slight ST Elevation(V6)

Ref-Phys. :
Report Confirmed by:

INIC

Dr. Chandan Das
MD
General Physician
100/100/100

M.B. GOVT. REGD
BHABHA APPROVED & AERB APPROVED

MONDAL X-RAY CLINIC

Durgamandir Road, Dabor More
Rupnarayanpur, PIN - 713386



X-RAY DIGITAL X-RAY DIGITAL ECG IVP BA-MEAL HSG DENTAL X-RAY OPG

SUMAN KUMAR MALE 33YRS

X-RAY-CHEST-PA

REF BY DR.

22.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



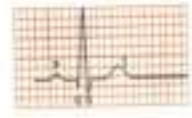
Dr. Dipankar Dasgupta

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab.technician

Verified By

Dr. Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- ~~XXXXXXXXXX~~ KUMAR SUMAN.

DATE :- 22/03/2023

REFD. BY DR - SELF

AGE/SEX- 33Y /M

LAB CODE- 001949

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

Name of investigation	Report	Normal Range
Total W.B.C Count	7,500/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	60 %	65-70%
Lymphocytes	31 %	20-35%
Eosinophils	06 %	02-07%
Monocytes	03 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	14.0 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	15 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"B" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	135 mg/dl	150-220 mg/dl
Blood Urea	21.10 mg/dl	10-44 mg/dl
Serum Creatinine	0.60mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	4.45 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	80.0 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- SUBHAM KUMAR

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 33Y /M

LAB CODE- 001950

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Trac

Microscopic Examination

Pus Cells : 04-06/hpf
R.B.C : Nil
Epithelial cells : 05-07/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)

SONU KUMAR

GIVEN NAMES

YADAV.

MIDDLE NAME (FOR WOMEN ONLY)

SEX

M

F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE

KATHAGHRA, DEORIA (U.P.)

DATE OF BIRTH (dd/mm/yyyy)

20/11/1995

NATIONALITY

INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

SMS

TELEPHONE

7572895298.

BIRTHPLACE

KATHAGHRA.

PRESENT MARITAL STATUS

Single

Married Date: (dd/mm/yyyy)..... Divorced (dd/mm/yyyy).....

Separated Date: (dd/mm/yyyy)..... Widowed Date: (dd/mm/yyyy).....

DUTY STATION

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization : _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	42Ys.			High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	39Ys.			Heart Disease		<input checked="" type="checkbox"/>	
Brothers	21Ys.			Diabetes		<input checked="" type="checkbox"/>	
Sisters				Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	23Ys.			Asthma		<input checked="" type="checkbox"/>	
Children	2Ys.			Cancer		<input checked="" type="checkbox"/>	
				Epilepsy		<input checked="" type="checkbox"/>	
				Mental Disorders		<input checked="" type="checkbox"/>	
				Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :		Comments :	
Department of Unit :			
Date :			
		Date: (dd/mm/yyyy)	Signature:
VERY IMPORTANT : Please indicate the recruiting Agency or Organization :			

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		✓	Heart and blood diseases		✓	Urinary disorders		✓	Fainting spells		✓
Hay fever		✓	Pains in the heart region		✓	Kidney trouble		✓	Epilepsy		✓
Tuberculosis		✓	Varicose veins		✓	Kidney stones		✓	Diabetes		✓
Pneumonia		✓	Frequent indigestion		✓	Back pain		✓	Gonorrhoea		✓
Pleurisy		✓	Ulcer of stomach of duodenum		✓	Joint problems		✓	Any other sexually transmitted disease		✓
Repeated bronchitis		✓	Jaundice		✓	Skin disease		✓	Tropical disease		✓
Rheumatic fever		✓	Gall stones		✓	Sleeplessness		✓	Amoebic dysentery		✓
High blood pressure		✓	Hernia		✓	Any nervous or mental disorders		✓	Malaria		✓
			Haemorrhoids		✓	Frequent headaches		✓			

2. Are you being treated for any condition now ? NO
3. Have you ever coughed up blood ? NO
4. Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
5. Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
6. Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____ And for what illness ? _____
7. Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____ Do you have any other disability ? NO
8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
9. Are you taking any medicine regularly ? NO if so, which ? _____
10. Have you gained or lost weight during the last three years ? NO if so, which ? _____
11. Have you ever been refused life insurance ? NO if so, state reason : _____
12. Have you ever been refused employment in health grounds ? NO if so, state reason : _____
13. Have you ever received or applied for a pension or compensation for any permanent disability ? _____ Degree ? _____ Please give details : _____
14. Have you ever stayed in any other country ? NO if so, for how long ? _____
15. Have you in the past suffered from any condition on which prevented travel by air ? NO
16. Do you consider yourself to be in good health ? NO
17. Do you smoke regularly ? Yes No Do you have full work capacity ? Full if so, what do you smoke ? Cigarettes _____ _____
- For how many years have you smoked ? NO
18. Daily consumption of alcoholic beverages : NO
19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
20. Give any other significant information concerning your health ? _____
21. What is your occupation ? Services Indicate at least three posts you have occupied: _____
22. List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE		Height: cm.		Weight: kg.	
Skin:		Scalp:			
SIGHT, MEASURED VISUAL ACUITY					
Gross vision	Right	6/6	Left	6/6	Pupils: Equal? Regular?
Vision with spectacles	Right	6/6	Left	6/6	Fundi (if necessary):
Near vision	Right	6/6	Left	6/6	Colour vision:
With correction	Right		Left		
HEARING (test by whispering)	Right	Normal: ✓	Sufficient:	Insufficient:	
	Left	Normal: ✓	Sufficient:	Insufficient:	
	Ear drum	Right: Normal	Left: Normal		
NOSE-MOUTH-NECK	Nose:	Normal	Pharynx:	Normal	Teeth: Normal
	Tongue:	Normal	Tonsils:	N, L	Thyroid: N, L
CARDIOVASCULAR SYSTEM					Peripheral arteries
Pulse rate:	76/M	Auscultation:	-carotid:		
Rhythm:	Normal	Blood pressure:	120/80 mmHg	-posterior tibial:	
Apex beat:	Normal	Varicose veins:	-dorsalis pedis:		
Electrocardiogram - Please attach tracing					
RESPIRATORY SYSTEM		Breasts	RIGHT	LEFT	
Thorax:					
DIGESTIVE SYSTEM		Spleen:	Normal		
Abdomen:	Normal	Hernia:	N, L		
Liver:	Normal	Rectal examination:			
NERVOUS SYSTEM		Plantar reflexes:			
Papillary reflexes:	-To light	Motor functions:			
	-On accommodation:	Sensory functions:			

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal</i>	Behaviour: <i>Good</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>Normal</i>	Genitals:
SKELETAL SYSTEM	
Skull: <i>Normal</i>	Upper extremities: <i>Normal</i>
Spine: <i>Normal</i>	Lower extremities: <i>Normal</i>
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "I" indicated

Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>NIL</i>
Blood	Haemoglobin:	<i>12.8</i> grams/l	Leucocytes: <i>33%</i>
	Haematocrit:		Differential count (if indicated): <i>N-63% L-33% F-04% M-00%</i>
	Erythrocytes:		Blood sedimentation rate: <i>18 mm/1st hour</i>
Blood chemistry			
	Sugar: <i>109.0 mg/dl</i>	Urea or Creatinine: <i>28.10 mg/dl · 0.56 mg/dl</i>	
	Cholesterol: <i>138 mg/dl</i>	Uric acid: <i>4.23 mg/dl</i>	
Serological test for syphilis : Please attach laboratory report			
Stool examination:			
COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):			

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS.

Signature:



Address:

Rupnarayanpur.

Date: (dd/mm/yyyy)

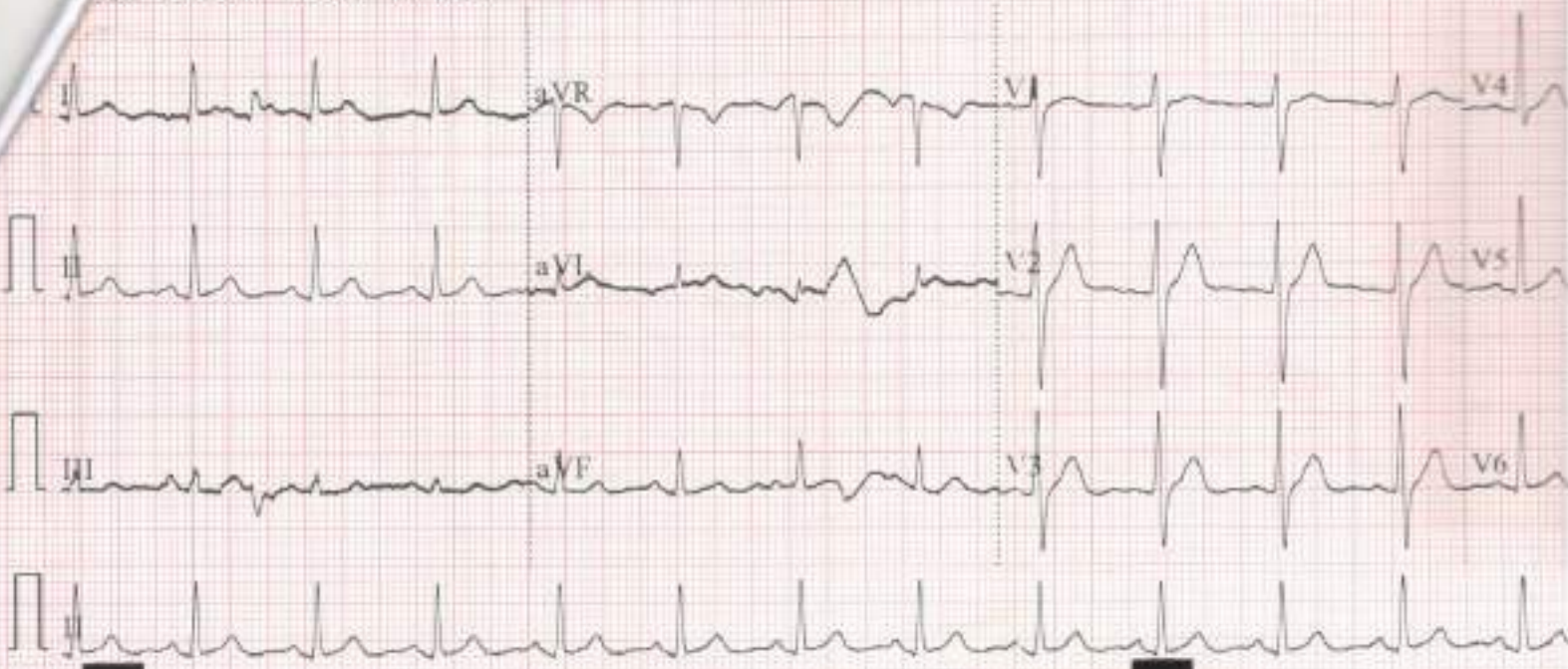
35/03/2023

Dr. Chandan Das
M.D.

Consultant Physician
Reg. No. : 84076 (WBMC)

23-03-2023 11:38:17 AM

KR YADAV Male 27Year



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♡95 133

SEMIP L7 MONDAL X

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M

NO
 CARDIAC SHADOW NORMAL.
 PLEURAL RECESSES ARE CLEAR



Handwritten signature
 23/2

Dr. Dipankar Dasgupta
 MBBS (Cal) DMRD (Cal)
 Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
 e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.

Lab technician

Verified By

Pathologist
 Dr. Abir Guha MBBS, MD(Patho)
 Consultant Pathologist

ID: 1084
SONU KR YADAV
Male 27Year

23-03-2023 11:38:17 AM
HR : 93 bpm
P : 102 ms
PR : 141 ms
QRS : 83 ms
QT/QTc : 319/397 ms
P:QRS:T : 69/43/34 °
RV5-SV1 : 1.186/0.940 mV

Minnesota Code:
9-4-1

Diagnosis Information:
Sinus Rhythm
Normal ECG

CLINIC

Ref-Phys. :
Report Confirmed by:

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-MEAL □ HSG □ DENTAL X-RAY □ OPG

SONU KR YADAV, MALE, 27YRS

X-RAY-CHEST-PA

REF BY DR.

23.03.23

NO ACTIVE LLING LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



Handwritten signature
23/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By

Handwritten signature

Pathologist

Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- SONU YADAV

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 27Y /M

LAB CODE- 001956

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

<u>Name of investigation</u>	<u>Report</u>	<u>Normal Range</u>
Total W.B.C Count	7,400/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	63 %	65-70%
Lymphocytes	33 %	20-35%
Eosinophils	04 %	02-07%
Monocytes	00 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	12.8 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	18 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"B" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	138mg/dl	150-220 mg/dl
Blood Urea	28.10 mg/dl	10-44 mg/dl
Serum Creatinine	0.56mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	4.23 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	109.0 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME-SONU YADAV

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 27Y /M

LAB CODE- 001956

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Trac

Microscopic Examination

Pus Cells : 04-06/hpf
R.B.C : Nil
Epithelial cells : 03-05/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. AbirGuha MBBS,MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature: _____

Pages 2 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)

Raj Kumar

GIVEN NAMES

SINGH.

MIDDLE NAME (FOR WOMEN ONLY)

SEX

M F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE

Vill - Agni, Bulaganj Dist. Gaya Bihar.

DATE OF BIRTH (dd/mm/yyyy)

11/1/1980

NATIONALITY

INDIAN.

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

Rolling Mill (Workshop)

TELEPHONE

8961395595.

BIRTHPLACE

PRESENT MARITAL STATUS

Single Married Date: (dd/mm/yyyy)..... Divorced (dd/mm/yyyy).....Separated Date: (dd/mm/yyyy)..... Widowed Date: (dd/mm/yyyy).....

DUTY STATION

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so. Please state when, where and for which organization : _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	65yrs.			High Blood Pressure		✓	
Mother	50yrs.			Heart Disease		✓	
Brothers	35yrs.			Diabetes		✓	
Sisters	28yrs.			Tuberculosis		✓	
Spouse	36yrs.			Asthma		✓	
Children	18yrs.			Cancer		✓	
	15yrs.			Epilepsy		✓	
	12yrs.			Mental Disorders		✓	
				Paralysis		✓	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION		TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE	
Name of the Official :		Comments :	
Department of Unit :			
Date :			
		Date: (dd/mm/yyyy)	Signature:
<i>VERY IMPORTANT : Please indicate the recruiting Agency or Organization :</i>			

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. if yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		✓	Heart and blood diseases		✓	Urinary disorders		✓	Fainting spells		✓
Hay fever		✓	Pains in the heart region		✓	Kidney trouble		✓	Epilepsy		✓
Tuberculosis		✓	Varicose veins		✓	Kidney stones		✓	Diabetes		✓
Pneumonia		✓	Frequent indigestion		✓	Back pain		✓	Gonorrhoea		✓
Pleurisy		✓	Ulcer of stomach of duodenum		✓	Joint problems		✓	Any other sexually transmitted disease		✓
Repeated bronchitis		✓	Jaundice		✓	Skin disease		✓	Tropical disease		✓
Rheumatic fever		✓	Gall stones		✓	Sleeplessness		✓	Amoebic dysentery		✓
High blood pressure		✓	Hernia		✓	Any nervous or mental disorders		✓	Malaria		✓
			Haemorrhoids		✓	Frequent headaches		✓			

2. Are you being treated for any condition now ? NO
 3. Have you ever coughed up blood ? NO
 4. Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
 5. Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
 6. Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____ And for what illness ? _____
 7. Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____ Do you have any other disability ? NO
 8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
 9. Are you taking any medicine regularly ? NO if so, which ? _____
 10. Have you gained or lost weight during the last three years ? NO if so, which ? _____
 11. Have you ever been refused life insurance ? NO if so, state reason : _____
 12. Have you ever been refused employment in health grounds ? NO if so, state reason : _____
 13. Have you ever received or applied for a pension or compensation for any permanent disability ? NO Degree ? _____ Please give details : _____
 14. Have you ever stayed in any other country ? NO if so, for how long ? _____
 15. Have you in the past suffered from any condition on which prevented travel by air ? NO
 16. Do you consider yourself to be in good health ? _____
 17. Do you smoke regularly ? Yes No Do you have full work capacity ? Yes if so, what do you smoke ? Cigarettes _____
- For how many years have you smoked ? _____
18. Daily consumption of alcoholic beverages: NO
 19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
 20. Give any other significant information concerning your health ? _____
 21. What is your occupation ? Service Indicate at least three posts you have occupied: Rolling Mill
 22. List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE		Height: cm. <i>5 foot</i>	Weight: kg. <i>60 kg.</i>
Skin: <i>Normal</i>		Scalp: <i>Normal</i>	
SIGHT, MEASURED VISUAL ACUITY			
Gross vision	Right <i>6/6</i>	Left <i>6/6</i>	Pupils: <i>Normal</i> - Equal? Regular?
Vision with spectacles	Right <i>6/6</i>	Left <i>6/6</i>	Fundi (if necessary):
Near vision	Right <i>6/6</i>	Left <i>6/6</i>	Colour vision:
With correction	Right	Left	
HEARING (test by whispering)	Right	Normal: <input checked="" type="checkbox"/>	Sufficient: Insufficient:
	Left	Normal: <input checked="" type="checkbox"/>	Sufficient: Insufficient:
	Ear drum	Right: <i>Normal</i>	Left: <i>Normal</i>
NOSE-MOUTH-NECK	Nose: <i>Normal</i>	Pharynx: <i>Normal</i>	Teeth: <i>Normal</i>
	Tongue: <i>Normal</i>	Tonsils: <i>Normal</i>	Thyroid: <i>N, L</i>
CARDIOVASCULAR SYSTEM			Peripheral arteries
Pulse rate: <i>78/H</i>	Auscultation:	-carotid:	
Rhythm: <i>Normal</i>	Blood pressure: <i>130/80 mmHg</i>	-posterior tibial:	
Apex beat:	Varicose veins:	-dorsalis pedis:	
Electrocardiogram - Please attach tracing			
RESPIRATORY SYSTEM		RIGHT	LEFT
Thorax: <i>Normal</i>	Breasts		
DIGESTIVE SYSTEM		Spleen: <i>Normal</i>	
Abdomen: <i>Normal</i>	Hernia: <i>N, L</i>		
Liver: <i>Normal</i>	Rectal examination: <i>Normal</i>		
NERVOUS SYSTEM		Plantar reflexes:	
Papillary reflexes:	-To light	Motor functions:	
	-On accommodation:	Sensory functions:	

Patellar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal</i>	Behaviour: <i>WNL</i>
GENITO-URINARY SYSTEM	
KIDNEYS:	Genitals:
SKELETAL SYSTEM	
Skull: <i>Normal</i>	Upper extremities: <i>Normal</i>
Spine: <i>Normal</i>	Lower extremities: <i>Normal</i>
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "if" indicated

Urine:	Albumin: <i>NIL</i>	Sugar: <i>NIL</i>	Microscopic: <i>N, L</i>
Blood	Haemoglobin:	<i>15.2</i> grams/l	Leucocytes: <i>27%</i>
	Haematocrit:		Differential count (if indicated): <i>N-65% L-27% E-07% H-01%</i>
	Erythrocytes:		Blood sedimentation rate: <i>10 mm/1st Hour</i>
Blood chemistry			Urea or Creatinine: <i>27.10 mg/dL, 0.70 mg/dL</i>
	Sugar: <i>70 mg/dL</i>		Uric acid: <i>4.62 mg/dL</i>
	Cholesterol: <i>137 mg/dL</i>		

Serological test for syphilis: Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit.

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS.

Signature:



Address:

Rupnayanpur.

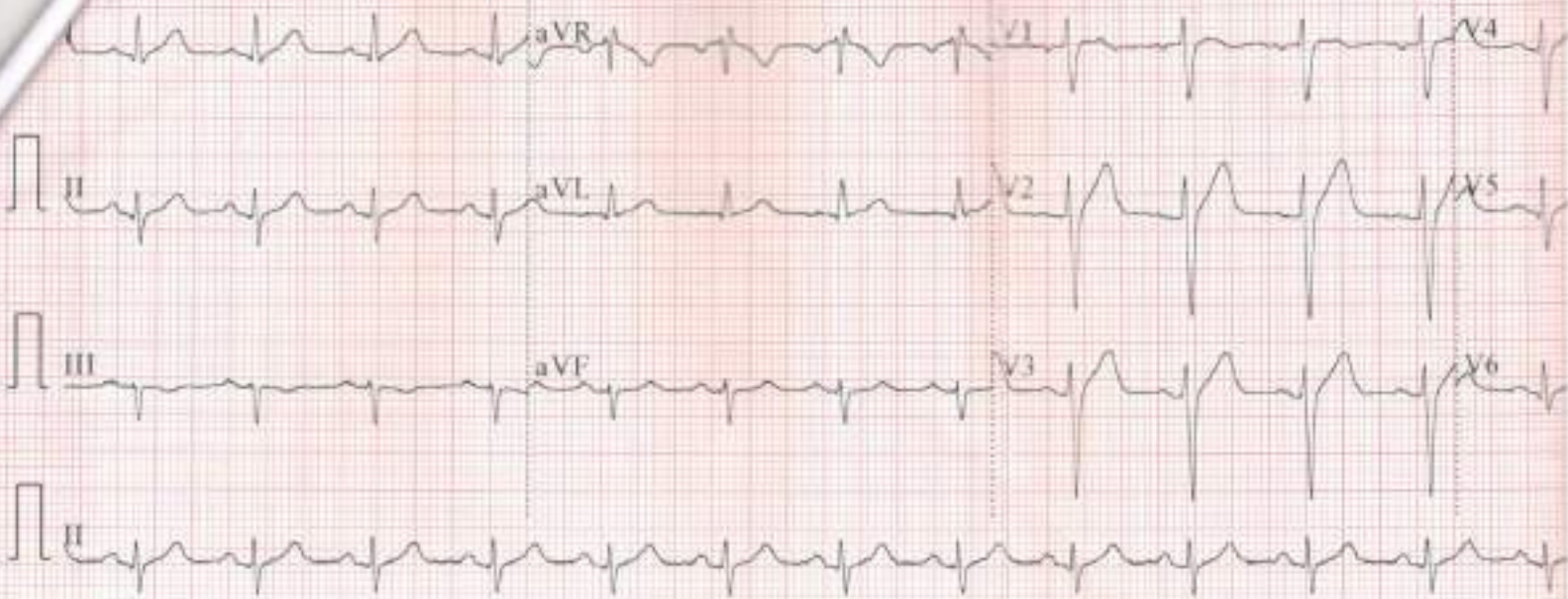
Date: (dd/mm/yyyy)

30/05/2013

Dr. Chandan Das
M.D.Consultant Physician
Reg. No. : 84076 (WBMC)

22-03-2023 12:00:22 PM

SINGH Male 41Year



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♡92 1.33

SEMIP 1.7 MONDAL X B

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



Dipankar Dasgupta
22/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.

Lab.technician

Verified By

Abir Guha

Pathologist

Dr. AbirGuha MBBS,MD(Patho)
Consultant Pathologist

X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-ME

ID: 1080
RAJ KR SINGH
Male 41Year

22-03-2023 12:00:22 PM
HR : 95 bpm
P : 99 ms
PR : 147 ms
QRS : 92 ms
QT/QTc : 324/407 ms
P/QRST : 60/-49/22 °
RV5/SV1 : 0.460/0.697 mV



Minnesota Code:
9-4-2 2-1-2

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3,V4)
Left Axis Deviation

Y CLINIC

Ref-Phys. :
Report Confirmed by:

Dr. Chandan Das
MD
Cardiologist
1000 10th Street
New York, NY 10018

RAJKUMAR SINGH MALE/41YRS

X-RAY-CHEST-PA

REF BY DR.

22.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



22/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.

Lab, technician

Verified By

Abir Guha

Pathologist
Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- RAJ KUMAR SINGH

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 41Y /M

LAB CODE- 001952

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

Name of investigation	Report	Normal Range
Total W.B.C Count	9,800/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	65 %	65-70%
Lymphocytes	27 %	20-35%
Eosinophils	07 %	02-07%
Monocytes	01 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	15.2 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	10 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"A"Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	137 mg/dl	150-220 mg/dl
Blood Urea	27.10 mg/dl	10-44 mg/dl
Serum Creatinine	0.70mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	4.62 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	70.0 mg/dl	70-140 mg/dl

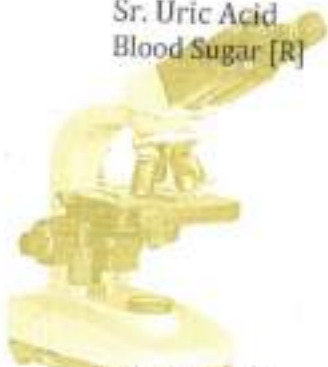
Please Correlate With Clinical Condition

End Of Report

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



Lab. technician

Verified By



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME-RAJ KUMAR SINGH

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 41Y /M

LAB CODE- 001952

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Nil

Microscopic Examination

Pus Cells : 02-04/hpf
R.B.C : Nil
Epithelial cells : 04-06/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

CAPTAIN Steel India Ltd

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other documents required by the Organization renders a staff member liable to termination or dismissal.

Date: (dd/mm/yyyy)

Signature:

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)

BARDIA BRIJ KISHORE

GIVEN NAMES

MIDDLE NAME (FOR WOMEN ONLY)

SEX

M

F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY) AND TELEPHONE

PARSHURAM BARDIHA, UP.

DATE OF BIRTH (dd/mm/yyyy)

10/4/1984

NATIONALITY

INDIAN

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

TELEPHONE

7355367102

BIRTHPLACE

PRESENT MARITAL STATUS

Single

Married Date: (dd/mm/yyyy)..... Divorced (dd/mm/yyyy).....

Separated Date: (dd/mm/yyyy)..... Widowed Date: (dd/mm/yyyy).....

DUTY STATION

Have you ever undergone a medical examination for any other agency? _____

Have you ever been employed by this company or any other agency? _____

If so, Please state when, where and for which organization: _____

FAMILY HISTORY

Relative	Age (if still alive)	State of health (if still alive, present state; if deceased, cause of death)	Age of death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father	85 Yrs			High Blood Pressure		<input checked="" type="checkbox"/>	
Mother	80 Yrs			Heart Disease		<input checked="" type="checkbox"/>	
Brothers	25 Yrs			Diabetes		<input checked="" type="checkbox"/>	
Sisters	35 Yrs			Tuberculosis		<input checked="" type="checkbox"/>	
Spouse	35 Yrs			Asthma		<input checked="" type="checkbox"/>	
Children	22 Yrs			Cancer		<input checked="" type="checkbox"/>	
	20 Yrs			Epilepsy		<input checked="" type="checkbox"/>	
	18 Yrs			Mental Disorders		<input checked="" type="checkbox"/>	
	16 Yrs			Paralysis		<input checked="" type="checkbox"/>	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official:

Comments:

Department of Unit:

Date:

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Name of the Official :

Comments :

Department of Unit :

Date :

Date: (dd/mm/yyyy)

Signature:

VERY IMPORTANT : Please indicate the recruiting Agency or Organization :

Each question requires a specific answer (yes, no, date etc.) ; to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquires are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders ? Check yes or no. If yes, state the year

	Yes Date	No		Yes Date	No		Yes Date	No		Yes Date	No
Frequent sore throats		<input checked="" type="checkbox"/>	Heart and blood diseases		<input checked="" type="checkbox"/>	Urinary disorders		<input checked="" type="checkbox"/>	Fainting spells		<input checked="" type="checkbox"/>
Hay fever		<input checked="" type="checkbox"/>	Pains in the heart region		<input checked="" type="checkbox"/>	Kidney trouble		<input checked="" type="checkbox"/>	Epilepsy		<input checked="" type="checkbox"/>
Tuberculosis		<input checked="" type="checkbox"/>	Varicose veins		<input checked="" type="checkbox"/>	Kidney stones		<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>
Pneumonia		<input checked="" type="checkbox"/>	Frequent indigestion		<input checked="" type="checkbox"/>	Back pain		<input checked="" type="checkbox"/>	Gonorrhoea		<input checked="" type="checkbox"/>
Pleurisy		<input checked="" type="checkbox"/>	Ulcer of stomach of duodenum		<input checked="" type="checkbox"/>	Joint problems		<input checked="" type="checkbox"/>	Any other sexually transmitted disease		<input checked="" type="checkbox"/>
Repeated bronchitis		<input checked="" type="checkbox"/>	Jaundice		<input checked="" type="checkbox"/>	Skin disease		<input checked="" type="checkbox"/>	Tropical disease		<input checked="" type="checkbox"/>
Rheumatic fever		<input checked="" type="checkbox"/>	Gall stones		<input checked="" type="checkbox"/>	Sleeplessness		<input checked="" type="checkbox"/>	Amoebic dysentery		<input checked="" type="checkbox"/>
High blood pressure		<input checked="" type="checkbox"/>	Hernia		<input checked="" type="checkbox"/>	Any nervous or mental disorders		<input checked="" type="checkbox"/>	Malaria		<input checked="" type="checkbox"/>
			Haemorrhoids		<input checked="" type="checkbox"/>	Frequent headaches		<input checked="" type="checkbox"/>			

- Are you being treated for any condition now ? NO
- Have you ever coughed up blood ? NO
- Have you ever noticed blood in your stools ? NO in your urine ? NO Give details _____
- Have you ever been hospitalized (hospital, clinic, etc) ? NO Why, where and when ? _____
- Have you ever been absent from work for longer than one month through illness ? NO if so, when ? _____ And for what illness ? _____
- Have you had any accidents as a result of which you are partially disabled ? NO if so, what and when ? _____ Do you have any other disability ? NO
- Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst ? NO
- Are you taking any medicine regularly ? NO if so, which ? _____
- Have you gained or lost weight during the last three years ? NO if so, which ? _____
- Have you ever been refused life insurance ? NO if so, state reason : _____
- Have you ever been refused employment in health grounds ? _____ if so, state reason : _____
- Have you ever received or applied for a pension or compensation for any permanent disability ? NO Degree ? _____ Please give details : _____
- Have you ever stayed in any other country ? _____ if so, for how long ? _____
- Have you in the past suffered from any condition on which prevented travel by air ? _____
- Do you consider yourself to be in good health ? NO
- Do you smoke regularly ? Yes NO Do you have full work capacity ? YES if so, what do you smoke ? Cigarettes _____ _____
- For how many years have you smoked ? NO
- Daily consumption of alcoholic beverages : NO
- Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future ? NO Give details : _____
- Give any other significant information concerning your health ? _____
- What is your occupation ? Services Indicate at least three posts you have occupied : R
- List any occupational or other hazards to which you have been exposed : _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENEAL APPEARANCE		Height: cm.		Weight: kg.	
Skin:		Scalp:			
SIGHT, MEASURED VISUAL ACUITY					
Gross vision	Right	6/6	Left	6/6	Pupils: Equal? Regular?
Vision with spectacles	Right	6/6	Left	6/6	Fundi (if necessary):
Near vision	Right	6/	Left	6/6	Colour vision:
With correction	Right		Left		
HEARING (test by whispering)	Right	Normal: ✓	Sufficient:	Insufficient:	
	Left	Normal: ✓	Sufficient:	Insufficient:	
	Ear drum	Right: Normal	Left: Normal		
NOSE-MOUTH-NECK	Nose:	Normal	Pharynx:	Normal	Teeth: Normal.
	Tongue:	Normal.	Tonsils:	NIL.	Thyroid: NIL
CARDIOVASCULAR SYSTEM				Peripheral arteries	
Pulse rate:	80/M	Auscultation:		-carotid:	
Rhythm:	Normal	Blood pressure:	130/80 mmHg.	-posterior tibial:	
Apex beat:	Normal	Varicose veins:		-dorsalis pedis:	
Electrocardiogram – Please attach tracing					
RESPIRATORY SYSTEM		Breasts		RIGHT	LEFT
Thorax: WNL					
DIGESTIVE SYSTEM		Spleen: Normal			
Abdomen: Palpable		Hernia: NIL			
Liver: Normal.		Rectal examination:			
NERVOUS SYSTEM		Plantar reflexes:			
Papillary reflexes:	-To light		Motor functions:		
	-On accommodation:		Sensory functions:		

Plantar reflexes:	Muscular tonus:
Achilles reflexes:	Romberg's sign:
MENTAL STATE	
Appearance: <i>Normal.</i>	Behaviour: <i>Average</i>
GENITO-URINARY SYSTEM	
KIDNEYS: <i>Normal</i>	Genitals: <i>Normal.</i>
SKELETAL SYSTEM <i>Normal</i>	
Skull: <i>Normal</i>	Upper extremities:
Spine: <i>Normal</i>	Lower extremities:
LYMPHATIC SYSTEM	
CHEST X-RAY (Full size film - Please send the radiologist's report)	

LABORATORY

The results of all the following investigations must be included except where marked "if" indicated

Urine:	Albumin: <i>Nil</i>	Sugar: <i>Nil</i>	Microscopic: <i>Nil</i>
Blood	Haemoglobin:	<i>14.5</i> grams/l	Leucocytes: <i>34%</i>
	Haematocrit:		Differential count (if indicated): <i>N-57% L-34% E-05% M-04%</i>
	Erythrocytes:		Blood sedimentation rate: <i>14 mm/1st hour</i>
Blood chemistry			
	Sugar:	<i>72.7 mg/dL</i>	Urea or Creatinine: <i>34.12 mg/dL - 0.86 mg/dL.</i>
	Cholesterol:	<i>141 mg/dL</i>	Uric acid: <i>6.23 mg/dL.</i>

Serological test for syphilis : Please attach laboratory report

Stool examination:

COMMENTS (Please comment on all the positive answer given by the staff member and summarize the abnormal findings):

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post):

Physically & Mentally fit

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

DR. CHANDAN DAS

Signature:



Address:

Rupnayanpur

Date: (dd/mm/yyyy)

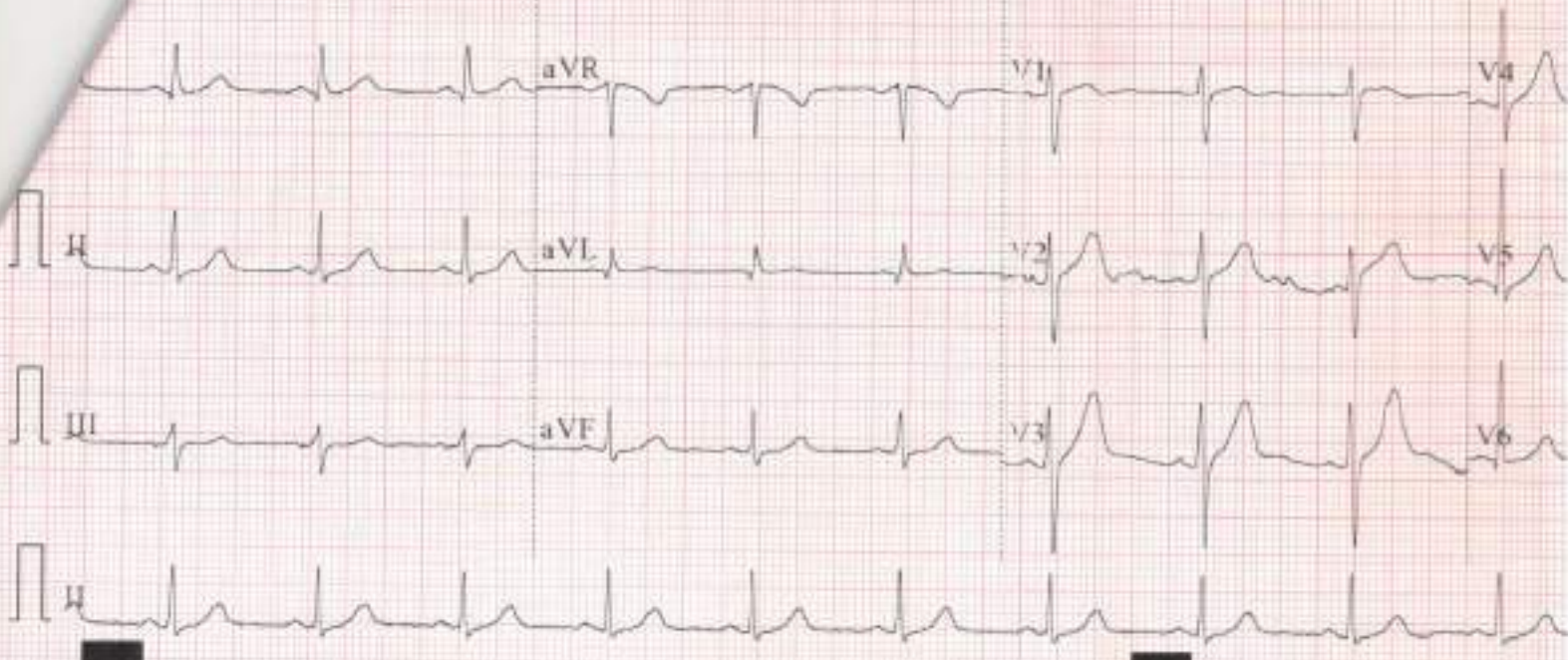
30/03/2023

Dr. Chandan Das
M.D.

Consultant Physician
Reg. No. : 84076 (WBMC)

23-03-2023 11:19:40 AM

Patient Name: HOR Male 39Year



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♥75 1.33

SEMIP 1.7 MONDAL X

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



X-RAY □ DIGITAL X-RAY □ DIGITAL ECG □ IVP □ BA-M

[Handwritten signature]
23/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Verified By *[Signature]*

[Handwritten signature]
Pathologist
Dr. AbirGulha MBBS,MD(Patho)
Consultant Pathologist

ID: 1081
BRIJ KISHOR
Male 39Year

23-03-2023 11:19:40 AM
HR : 75 bpm
P : 103 ms
PR : 132 ms
QRS : 85 ms
QT/QTc : 364/409 ms
P/QRS/T : 40/26/48 °
RV5/SVI : 1.480/0.690 mV



Minnesota Code:
1-3-1 4-2-0

Diagnosis Information:
Sinus Rhythm
Normal ECG

AY CLINIC

Ref-Phys.:
Report Confirmed by:

Dr. Chandan Das

GOVT. REGD
ABHA APPROVED & AERB APPROVED

MONDAL X-RAY CLINIC

Durgamandir Road, Dabor More
Rupnarayanpur, PIN - 713386

BRU KISHOR.MALE.39YRS

X-RAY-CHEST-PA

REF BY DR.

23.03.23

NO ACTIVE LUNG LESION NOTED IN EITHER FIELD.

CARDIAC SHADOW NORMAL.

PLEURAL RECESSES ARE CLEAR.



[Handwritten signature]
23/3

Dr. Dipankar Dasgupta

MBBS (Cal) DMRD (Cal)
Radiologist / Sonologist

Working Hours : 8 a.m. to 8 p.m.

Ph. : 9434188982/9635722519
e-mail : mondalxray83@gmail.com



Investigations never confirm the final diagnosis. To be correlate clinically & further investigation.



Lab technician

Verified By *[Signature]*

[Handwritten signature]

Pathologist

Dr. Abir Guha MBBS, MD(Patho)
Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME- BIRAJ KISHORE

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 39Y /M

LAB CODE- 001954

INVESTIGATION- BLOOD REPORT

HAEMATOLOGY REPORT

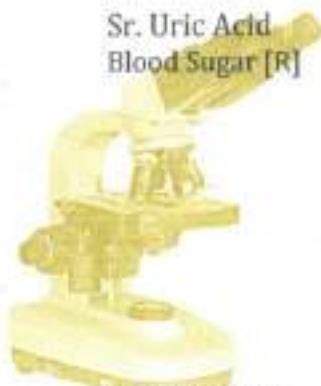
<u>Name of investigation</u>	<u>Report</u>	<u>Normal Range</u>
Total W.B.C Count	9,500/cmm	4000-11,000/cmm
Diff. W.B.C Count		
Neutrophils	57 %	65-70%
Lymphocytes	34 %	20-35%
Eosinophils	05 %	02-07%
Monocytes	04 %	01-05%
Basophils	00 %	00-01%
Haemoglobin	14.5 gm/dl	M13.5-18 gm/dl F12.0-16.0 METHAEMOGLOBIN METHOD
E.S.R [1 st hour]	14 mm/1 st hour	0-9 mm/1 st hour
ABO-Rh [Blood Group]	"A" Positive	

BIOCHEMISTRY REPORT

Total Cholestrol	141 mg/dl	150-220 mg/dl
Blood Urea	34.12 mg/dl	10-44 mg/dl
Serum Creatinine	0.86mg/dl	0.5-1.2 mg/dl
Sr. Uric Acid	6.23 mg/dl	3.4-7.0 mg/dl
Blood Sugar [R]	72.7 mg/dl	70-140 mg/dl

Please Correlate With Clinical Condition

End Of Report



Lab technician

Verified By

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist



PATH LAB

RAMDI, SALANPUAR, PASCHIM BARDHAMAN



MOBILE : 7001469540, 9939346141

PATIENT NAME-BIRAJ KISHORE

DATE :- 22/03/2023

REFD.BY DR - SELF

AGE/SEX- 39Y /M

LAB CODE- 001954

INVESTIGATION- URINE REPORT

Routine Examination of Urine

Physical Examination

Qty. : Approx. 10 ml
Colour : straw
Consistency : clear
Sediment : Nil

Chemical Examination

Reaction : acidic
Sugar : Nil
Albumin : Nil

Microscopic Examination

Pus Cells : 03-05/hpf
R.B.C : Nil
Epithelial cells : 02-04/hpf
Cast/ Crystal : Calcium Oxalate Occasional
Others : Nil
Bacteria : Nil

Please Correlate With Clinical Condition

End Of Report



Lab.technician

Verified By

Abir Guha

Pathologist

Dr. Abir Guha MBBS, MD(Patho)

Consultant Pathologist

Annexure 13

Health care facilities organized



ANNEXURE 14

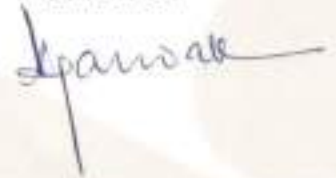
ENVIRONMENT POLICY

CAPTAIN STEEL INDIA LTD (Formerly BMA Stainless Ltd) is engaged in production of TMT Bars is committed towards clean and sustainable environment. The mission of CAPTAIN STEEL INDIA LTD is to produce TMT Bars in an environment friendly manner and is strive to;

- Integrate sound environmental management practices in all our activities
- Conduct our operations in environmentally responsible manner to minimize pollution and its' impact on environment
- Comply with applicable legal and other requirements related to environmental aspects of our operations and strive to go beyond
- Captain Steel India Limited shall ensure that deviations from this policy and cases of violations, if any, shall be reported to the Board of Directors and shall identify designate responsible person for ensuring compliance with the Environmental Laws and Regulations.
- Conserve energy, and other natural resources, minimize waste generation and promote recovery, recycle and reuse.
- Increase greenery in and around the mines. Company will make positive contribution in the local community by encouraging open communication and the promotion of CSR activities.
- Ensure continual improvement in environmental performance by setting & reviewing objectives & targets.
- Encourage environmental awareness amongst employees working for and on behalf of Captain Steel India Limited and the general populace around the plant.

Date: 01.01.2020

DIRECTOR



ANNEXURE 15

Compliance report on the commitment made during the public hearing

SL NO.	DESCRIPTION	AMOUNT
1	Road & Area development	5 Lacs
2	Drinking water supply tank in association with Grampanchayat	1 Lacs
3	Medical facilities for local people	8 Lacs
4	Donation in cultural Programmes & Sports	1 Lacs
5	Development of Schools (Desk, Toilet, Plantation)	2 Lacs
6	Green Belt development	2 Lacs
7	Rural Development (Village: Purandi)	20 Lacs
	<ul style="list-style-type: none"> i. Burning ghat: 7 Lacs ii. Road: 10 Lacs iii. Charitable clinic (Baba tilka Murmu Club): 3 Lacs 	
	TOTAL =	39 Lacs
<p>AMBULANCE WAS PROVIDED FOR THE LOCAL PEOPLE APART FROM THAT RECRUITED THE LOCAL UNSKILLED YOUTH AFTER GIVING THEM PROPER SKILLED TRAINING.</p>		

ANNEXURE 16



Singer Diljit Dosanjh unveils his wax statue at Madame Tussauds Delhi on Thursday. **RITIK JAIN**

ECI to hold bypolls on vacant seats: ECI on Thursday told the Supreme Court that it will hold by-elections on vacant Assembly seats of Tiruparankundram, Ottapitadam and Aravakurichi in Tamil Nadu within a reasonable time. **PTI**

Accuses KA Paul's Praja Shanti Party of deliberately choosing candi

**STATESMAN NEWS SERVICE
HYDERABAD, 25 MARCH**

Opposition YSRCP today approached the Election Commission of India (ECI) once again to complain against Praja Shanti Party, run by evangelist KA Paul for deliberately choosing candidates with names similar or even identical to those of YSRCP in at least 35 Assembly constituencies and four Lok Sabha seats in order to confuse the voters in Andhra Pradesh.

YSRCP also complained against DGP RP Thakur whom they accused of partisan behaviour.

YSRCP leaders further alleged that the party has chosen the symbol helicopter which is very similar to that of the fan which is the sym-

bol of YSRCP and also the same colours for the party flag. YS Jagan Mohan Reddy in his campaign speeches have also accused TDP chief N Chandrababu Naidu of putting up a dummy party like Praja Shanti in order to confuse the voters on the day of poll.

Praja Shanti party apparently have given tickets to candidates with identical or similar names to those contesting from YSRCP and in the memorandum submitted to ECI YSRCP mentioned the list of 35 Assembly constituencies and 4 Lok Sabha seats where such confusion can happen. For instance in Ongole Assembly seat both parties have candidates named Balineri Srinivas Reddy. In Patitukonda the YSRCP candidate is K Sreedevi while that of Praja Shanti party is Vernuri Sreedevi. Since in the last election

in 2014 the difference in percentage of votes between TDP and YSRCP was 10 per cent there is genuine reason for concern. Moreover, Kalyan's Jana Sena is expected to eat into the votes which would have initially gone to YSRCP. Opposition party demands an inquiry into its allegations against Praja Shanti and wanted its symbol and colours of party flag changed to avoid confusion.

Moreover, the state government has lined up its direct cash benefit scheme in such a manner that beneficiaries will receive the first week of April on the eve of polls in AP which will be held on 11 April since these are all schemes which have been announced before polls there is no violation of model code of

Classified



PUBLIC NOTIFICATIONS

NOTICE

This is to inform all the Concerned that Ministry of Environment And forest Govt. of India vide its Letter No. F.No.J-11011/192/2013-IA-II(I) Dated 25-02-2019 has accorded Environmental clearance for The proposed capacity enhancement by replacement of 4x8 Ton induction furnaces with 4X12 Ton induction Furnaces and modification of rolling mill (expansion Project) [MS Billets / rolled products : 2,07,360 TPA] at village Debipur P.O : Kalyaneshwari, District : Paschim Bardhaman West Bengal, by BMA Stainless Ltd. The copy of the Environmental Clearance is available with The office of the West Bengal Pollution Control Board, Kolkata & may also be seen at the Website of Ministry of Environment And forest Govt. of India. (<http://envfor.nic.in>). **BMA Stainless Ltd.**, 10A, Shakespeare Court, 21A, Shakespeare Sarani, Kolkata -700017.

Form No. INC-26

[Pursuant to rule 30 of the Companies (Incorporation) Rules, 2014]

Advertisement to be published in the newspaper for change of registered office of the company from one state to another Before the Central Government Regional Director, Eastern Region, Kolkata

In the matter of sub-section (4) of Section 13 of Companies Act, 2013 And clause (a) of sub-rule (5) of rule 30 of the Companies (Incorporation) Rules, 2014

AND

In the matter of M/s VEEDAR BARTER PVT.LTD. (CIN: U51999WB2013PTC142895) having its registered office at 3rd & 4th Floor, Arcadia Centre, Prinsipa No.31, Dr.Ambedkar Sarani, Kolkata, W.S.-700048

Petitioner Notice is hereby given to the General Public that the company proposes to make application to the Central Government under section 13 of the Companies Act, 2013 seeking confirmation of alteration of the Memorandum of Association of the Company in terms of the special resolution passed at the Annual General Meeting/Extra ordinary general meeting held on Thursday, the 28th February, 2019 to enable the company to change its

Form No. INC-26

[Pursuant to rule 30 of the Companies (Incorporation) Rules, 2014]

Advertisement to be published in the newspaper for change of registered office of the company from one state to another Before the Central Government Regional Director, Eastern Region, Kolkata

In the matter of sub-section (4) of Section 13 of Companies Act, 2013 And clause (a) of sub-rule (5) of rule 30 of the Companies (Incorporation) Rules, 2014

AND

In the matter of M/s DHANUSH VINMAY PRIVATE LIMITED (CIN: U51999WB2013PTC142895) having its registered office at 3rd & 4th Floor, Arcadia Centre, Prinsipa No.31, Dr.Ambedkar Sarani, Kolkata, W.S.-700048

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Advertisement to be published in the newspaper for change of registered office of the company from one state to another Before the Central Government Regional Director, Eastern Region, Kolkata

In the matter of sub-section (4) of Section 13 of Companies Act, 2013 And clause (a) of sub-rule (5) of rule 30 of the Companies (Incorporation) Rules, 2014

AND

In the matter of M/s ANJANPUTRA MERCHANTS PRIVATE LIMITED (CIN: U51999WB2013PTC142895) having its registered office at 3rd & 4th Floor, Arcadia Centre, Prinsipa No. 31, Dr. Ambedkar Sarani, Kolkata, W.S.-700048

Petitioner Notice is hereby given to the General Public that the company proposes to make application to the Central Government under section 13 of the Companies Act, 2013 seeking confirmation of alteration of the Memorandum of Association of the Company in terms of the special resolution passed at the Annual General Meeting/Extra ordinary general meeting held on Wednesday, the 27th February, 2019 to enable the company to change its Registered Office from "State of WEST BENGAL" (Kolkata) to State of UTTAR PRADESH."

Any person whose interest is likely to be affected by the proposed change of the registered office of the company may deliver either on the MCA-21 portal (www.mca.gov.in) by filing investor complaint form or cause to be delivered or send by registered post of his/her objections supported by an affidavit stating the nature of his/her interest and grounds of opposition to the Regional Director at the address Regional Director, Eastern Region, Nizam Palace, II MSO Building, 3rd Floor, 234A A.J.C. Bose Road, Kolkata-700020 within Fourteen days of the date of publication of this notice with a copy to the applicant company with a copy of the applicant company at its registered office at the address mentioned below: 3rd & 4th Floor, Arcadia Centre,

Form No. INC-26

[Pursuant to rule 30 of the Companies (Incorporation) Rules, 2014]

Advertisement to be published in the newspaper for change of registered office of the company from one state to another Before the Central Government Regional Director, Eastern Region, Kolkata

In the matter of sub-section (4) of Section 13 of Companies Act, 2013 And clause (a) of sub-rule (5) of rule 30 of the Companies (Incorporation) Rules, 2014

AND

In the matter of BLUEBELL VINMAY PRIVATE LIMITED (CIN: U51999WB2013PTC142895) having its registered office at 3rd & 4th Floor, Arcadia Centre, Prinsipa No.31, Dr.Ambedkar Sarani, Kolkata, W.S.-700048

Petitioner Notice is hereby given to the General Public that the company proposes to make application to the Central Government under section 13 of the Companies Act, 2013 seeking confirmation of alteration of the Memorandum of Association of the Company in terms of the special resolution passed at the Annual General Meeting/Extra ordinary general meeting held on Wednesday, the 27th February, 2019 to enable the company to change its Registered Office from "State of WEST BENGAL" (Kolkata) to State of UTTAR PRADESH."

Any person whose interest is likely to be affected by the proposed change of the registered office of the company may deliver either on the MCA-21 portal (www.mca.gov.in) by filing investor complaint form or cause to be delivered or send by registered post of his/her objections supported by an affidavit stating the nature of his/her interest and grounds of opposition to the Regional Director at the address Regional Director, Eastern Region, Nizam Palace, II MSO Building, 3rd Floor, 234A A.J.C. Bose Road, Kolkata-700020 within Fourteen days of the date of publication of this notice with a copy to the applicant company with a copy of the applicant company at its registered office at the address mentioned below: 3rd & 4th Floor, Arcadia Centre,

Form No. INC-26

[Pursuant to rule 30 of the Companies (Incorporation) Rules, 2014]

Advertisement to be published in the newspaper for change of registered office of the company from one state to another Before the Central Government Regional Director, Eastern Region, Kolkata

In the matter of sub-section (4) of Section 13 of Companies Act, 2013 And clause (a) of sub-rule (5) of rule 30 of the Companies (Incorporation) Rules, 2014

AND

In the matter of TOP MARKETING PVT. LTD. (CIN: U51109WB1995PTC142895) having its registered office at 5th Floor, Arcadia Centre, Prinsipa No.31, Dr.Ambedkar Sarani, Kolkata, W.S.-700048

Petitioner Notice is hereby given to the General Public that the company proposes to make application to the Central Government under section 13 of the Companies Act, 2013 seeking confirmation of alteration of the Memorandum of Association of the Company in terms of the special resolution passed at the Annual General Meeting/Extra ordinary general meeting held on Thursday, the 28th February, 2019 to enable the company to change its Registered Office from "State of WEST BENGAL" (Kolkata) to State of UTTAR PRADESH."

Any person whose interest is likely to be affected by the proposed change of the registered office of the company may deliver either on the MCA-21 portal (www.mca.gov.in) by filing investor complaint form or cause to be delivered or send by registered post of his/her objections supported by an affidavit stating the nature of his/her interest and grounds of opposition to the Regional Director at the address Regional Director, Eastern Region, Nizam Palace, II MSO Building, 3rd Floor, 234A A.J.C. Bose Road, Kolkata-700020 within Fourteen days of the date of publication of this notice with a copy to the applicant company with a copy of the applicant company at its registered office at the address mentioned below: 3rd & 4th Floor, Arcadia Centre,

ANNEXURE 17

F. No. J-11011/192/2013-IA-II(I)
 Government of India
 Ministry of Environment, Forest and Climate Change
 (Impact Assessment Division)

Indira Paryavaran Bhawan
 Jor Bagh Road, Aliganj,
 New Delhi - 110003
 E-mail: sharath.kr@gov.in
 Tel: 011-24695319

Dated: 22nd February, 2019

To,

Shri Avinash Agrawalla,
 Managing Director
 M/s. BMA Stainless Limited
 10A, Shakespeare Court,
 21 A, Shakespeare Sarani,
 Kolkata - 700071.

Tel: 033-40112525; E-mail: bmastainlessltd@gmail.com

Subject: Proposed Capacity enhancement from 1,20,000 TPA to 2,07,360 TPA Billets / Rolled Products by replacement of existing 4x8 Tons Induction Furnaces with 4x12 Tons Induction Furnaces and modification of Rolling Mill by **M/s. BMA Stainless Limited** at Village Debipur, PO Kalyaneshwari, District Pashim Bardhaman, West Bengal – **Environmental Clearance – reg.**

This refers to the application of M/s. BMA Stainless Limited made vide online proposal no. **IA/WB/IND/58221/2016** dated **22nd December 2017** along with the copies of EIA/EMP seeking Environmental Clearance under the provisions of the EIA Notification, 2006 for the above mentioned proposed project. The proposed project activity is listed at S. No. 3(a) Metallurgical industries (ferrous & non-ferrous) under Category "A" of EIA Notification, 2006 and the proposal is appraised at Central level.

The proposal was considered in the 28th meeting of EAC (Industry – I) held during 05th – 6th February 2018, 33rd meeting of EAC (Industry – I) held on 09th – 11th July 2018 and in the 2nd meeting of Reconstituted Expert Appraisal Committee [REAC] (Industry-I) held on 10-12th December, 2018. The EAC proceedings of the proposal cited above is given as below.

Details of the project as per the submissions of project proponent:

2.0 The proposal of M/s BMA Stainless Limited for capacity expansion from 1,20,000 to 2,07,360 TPA rolled products by replacement of existing 4 nos. of 8 Ton capacity Induction Furnaces by 4 nos. of 12 Ton Induction Furnaces and modification of the existing Rolling Mill (increasing the speed of rollers), located in Village-Debipur, P.O.-Kalyaneshwari, District Pashim Bardhaman (Erstwhile Burdwan District), State-West Bengal was initially received in the Ministry on 08th August 2016 for obtaining Terms of Reference (ToR) as per EIA Notification, 2006. The project was appraised by the Expert Appraisal Committee (Industry) [EAC(I)] during its 10th meeting held on 29th August 2016 and prescribed ToRs to the project

EC for the proposed Capacity enhancement from 1,20,000 TPA to 2,07,360 TPA Billets / Rolled Products by replacement of existing 4x8 Tons Induction Furnaces with 4x12 Tons Induction Furnaces and modification of Rolling Mill by M/s. BMA Stainless Limited at Village Debipur, PO Kalyaneshwari, District Pashim Bardhaman, West Bengal.

for undertaking detailed EIA study for obtaining environmental clearance. Accordingly, the Ministry of Environment, Forest and Climate Change had prescribed ToRs to the project on 17th November 2016 vide Lr. No. J-11011/192/2013-IA.II (I).

3.0 The project of M/s. BMA Stainless Limited located in Debipur Village, Kalyaneshwari P.O., District Pashim Bardhaman (Erstwhile Burdwan District), West Bengal State is for capacity expansion by replacement of existing 4 nos. of 8 Ton capacity Induction Furnaces to 4 nos. of 12 Tons Induction Furnaces and increasing the speed of existing Rolling Mill through modernization is for enhancement of production of Billed / TMT Bars from 0.12 to 0.207360 million tonnes per annum (million TPA). The existing project was accorded environmental clearance vide Lr.no. J-11011/192/2013-IA II (I) dated 29th September 2014. The Status of compliance of earlier EC was obtained from Regional office of MoEFCC Bhubaneshwar vide Lr. No. 102-507/EPE/452 dated 17-10-17. There are certain non-compliances reported by Regional officer. The proposed capacity for different products for new site area as below:

Plant	Existing		Proposed		Total (after the proposed expansion)	
	Unit	Capacity	Unit	Capacity	Unit	Capacity
Induction Furnace	4x8 Tons	1,20,000 TPA	4x12 Tons (replacement of existing IFs)	4x12 Tons	4x12Tons	2,07,360 TPA
Continuous Casting (CCM)	2 Strand, 4/7 m radius	1,20,000 TPA	-	87,360 TPA	2 Strand, 4/7 m radius	2,07,360 TPA
Producer Gas plant	1	27,00,000 Nm ³ /month	-	-	-	27,00,000 Nm ³ /month
Rolling Mill	1	1,20,000 TPA	Modernization	87,360 TPA	-	2,07,360 TPA

4.0 Out of total 17.1 Acres, 5.7 Acres of area is already developed as green belt for the existing project. No additional land is required for the proposed expansion project. No forestland involved. The entire land has been acquired for the project. The Baraka river is at a distance of 1.3 Km in west direction from the project area. It has been reported that no water body/ water body exist around the project and modification/diversion in the existing natural drainage pattern at any stage has not been proposed.

5.0 The topography of the area is flat and reported to lies between 23°46'59.63"N to 23°46'57.16"N Latitude and 86°49'55.42"E to 86°50'5.43"E Longitude in Survey of India topo sheet Nos. 73 I/9, 73 I/10, 73 I/13/73 I/14 at an elevation of 128 m AMSL. The ground water table reported to ranges between 0.22 to 11.63m below the land surface during the post-monsoon season and 0.74 to 19.95m below the land surface during the pre-monsoon season.

6.0 No National Park/Wildlife Sanctuary/Biosphere Reserve/Tiger Reserve/Elephant Reserve etc. are reported to be located in the core and buffer zone of the project. The area also does not report to form corridor for Schedule-I fauna. The authenticated list of flora and fauna in the study area is incorporated in EIA.

7.0 The existing 1,20,000 TPA Plant is having 4x8 MT Induction Furnace and 6/7 radius, 2 strand CCM, 20 TPH Rolling Mill with auxiliaries. The raw material like Sponge Iron, Pig Iron & Ferro-Alloys are being melted in Induction Furnace and the refined liquid metal is cast into billets through continuous casting machine. Billets are rolled into rolled products in Rolling Mill. Reheating Furnace has been provided to reheat the billets, if required for rolling. Producer gas is used as fuel in the Reheating Furnace. The present proposal is for replacement of existing 4x8 Tons Induction Furnaces with 4x12 Tons Furnaces and increasing the output (speed) of existing Rolling Mill through modernization. Downstream facilities like Continuous Casting Machine, Rolling Mill, Producer Gas plant doesn't require any change/modification as they have adequate capacity to meet the proposed production. In Rolling Mill motors with the Rollers shall be replaced with high speed motors to meet the annual production of 2,07,360 Tons of rolled product.

8.0 The targeted production capacity of the Billet/Rolled Product is 2,07,360 TPA.

9.0 The water requirement of the project is estimated as 212 m³/day (including 10 m³/day for domestic use). The requirement will be met from DVC, Bore well and Rain Water harvesting pond. Permission for the same has been obtained from the concerned authority. The permission for drawl of surface water is obtained from Central Water Commission-DVVR Unit vide Lr. No. MD/DVRR/W-6-116/2008/602-608 date 11th September 2008 and Ground water from Ground Water Resource Development Authority, Burdwan vide permit no. P022024012520000001TSE dated 7.2.17.

10.0 The power requirement of the project is estimated as 30 MW [Existing: 20 MW & Additional: 10 MW]. The power to the plant shall be brought from the Damodar Valley Corporation substation located near the plant.

11.0 Baseline Environmental Studies were conducted during Post monsoon season i.e. from 1st October to 31st December, 2016. Ambient air quality monitoring has been carried out at 8 locations during October to December, 2017 and the data submitted indicated: PM₁₀ (53.3 µg/m³ to 95.3 µg/m³), PM_{2.5} (30.50 µg/m³ to 55.40 µg/m³), SO₂ (6.60 µg/m³ to 14.70 µg/m³) and NO_x (14.20 µg/m³ to 34.50 µg/m³). The results of the modeling study indicate that the maximum increase of GLC for the proposed project is 0.298 µg/m³ with respect to the PM₁₀, 0.576 µg/m³ with respect to the SO₂ and 0.810 µg/m³ with respect to the NO_x.

12.0 Ground water quality has been monitored in 8 locations in the study area and analyzed. pH: 6.86 to 8.13, Total Hardness: 210 to 326.53 mg/l, Chlorides: 63.04 to 112.06 mg/l, Fluoride: 0.59 to 0.89mg/l. Heavy metals are within the limits. Surface water samples were analyzed from 3 locations. pH: 7.80 to 7.91; DO: 6.8 to 7.8 mg/l and BOD: 5.00 to 5.80 mg/l. COD from 14.75 to 18.22 mg/l.

13.0 Noise levels are in the range of 50.75 Leq dB(A) to 62.30 Leq dB(A) for daytime and 40.45 Leq dB(A) to 57.40 Leq dB(A) for night time.

14.0 No R&R is involved.

15.0 It has been reported that a total of 18,434 tons of waste will be generated due to the project, out of which 17,812 tons will be used in road/area/land development and 622 tons will be Recycled in the process. It has been envisaged that an area of 2.30 ha will be developed as green belt around the project site to attenuate the noise levels and trap the dust generated due to the project development activities.

EC for the proposed Capacity enhancement from 1,20,000 TPA to 2,07,360 TPA Billets - Rolled Products by replacement of existing 4x8 Tons Induction Furnaces with 4x12 Tons Induction Furnaces and modification of Rolling Mill by M/s. BMA Stainless Limited at Village Dabque, PO Kalyaneshwari, District Purbin, Bardhaman, West Bengal.

16.0 It has been reported that the Consent to Operate from the West Bengal Pollution Control Board obtained vide Lr. No. C0107785302-WPBA/Red(Bwn)/cast(521)/06 dated 17.03.2017 and consent is valid up to 30.04.2022.

17.0 The Public hearing of the project was held on 21.07.2017 at Nandanik Hall of SalanpurPanchayet Samity P.O- Salanpur, District- Paschim Bardhaman, West Bengal under the chairmanship of Sri Kaushik Mukherjee W.B.C.S. (Exe.), Dy. Magistrate and Dy. Collector, and O.C., Judicial Munshi Khana for production of 2,07,360 TPA of Billet/Rolled Product from the existing production of 1,20,000 TPA. The issues raised during public hearing, *inter alia*, are Employment to the local people; Renovation of Toilets in local schools; Development of roads; Medical / Ambulance facility for nearby villages; Implementation of effective pollution control measures.

18.0 An amount of 20 Lakhs (2.5% of Project cost) has been earmarked for Enterprise Social Commitment based on public hearing issues. The details of ESC proposed are as follows:

Sl. No.	Enterprise Social Commitment Activities	Budget (Rs. Lakhs)					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
1	Health Facility	1	1	1	1	1	5
2	Infrastructural Development	0.7	0.7	0.7	0.7	0.7	3.5
3	Educational Facility	0.7	0.7	0.7	0.7	0.7	3.5
4	Afforestation Programs	0.6	0.6	0.6	0.6	0.6	3.0
5	Community Welfare Activities	0.4	0.4	0.4	0.4	0.4	2.0
6	Community Water Conservation	0.3	0.3	0.3	0.3	0.3	1.5
7	Community Capacity Building	0.3	0.3	0.3	0.3	0.3	1.5
Total		20 Lakhs					

19.0 The capital cost of the project is Rs. 8.00 Crores and the capital cost for environmental protection measures is proposed as Rs. 64 Lakhs. The annual recurring cost towards the environmental protection measures is proposed as Rs. 10.40 Lakhs. The employment generation from the proposed project / expansion is 30 (direct). The details of capital cost for environmental protection measures and annual recurring cost towards the environmental protection measures is as follows:

S.No.	Environmental Protection Measures	Capital Cost Rs. In lakhs	Recurring Cost Rs. In Lakhs / Yr.
1	Air Pollution Control Measures	50.00	6.00
2	Water Pollution Control Measures	3.00	1.00
3.	Noise Pollution Control Measures	1.00	0.10
4	Greenbelt Development	5.00	2.00
5	Rain Water Harvesting	3.50	0.30
6	Occupational health and safety	1.50	1.00
TOTAL		64.00	10.40

20.0 Greenbelt will be developed in 2.30 Ha which is about 33% of the total acquired area. Local and native species will be planted with a density of 2500 trees per hectare. Total no. of 7000 saplings will be planted and nurtured in 2.30 hectares in 5 years.

21.0 The proponent has mentioned that there is no court case or violation under EIA Notification to the project or related activity.

EC for the proposed Capacity enhancement from 1,20,000 TPA to 2,07,360 TPA Billet + Rolled Product by replacement of existing 405 Tonn Induction Furnace with 4x12 Tonn Induction Furnaces and modification of Rolling Mill by M/s. BMA Stainless Limited at Village Debiyar, PO Kalyansibari, District Paschim Bardhaman, West Bengal

22.0 The proponent has made presentation along with EIA Consultant M/s. Vardan Environet, Gurgaon, Haryana.

23.0 The proposal was considered in the 28th meeting of EAC (Industry – 1) held during 05th – 6th February 2018, 33rd meeting of EAC (Industry – 1) held on 09th – 11th July 2018 and further reconsidered in the 2nd meeting of Reconstituted Expert Appraisal Committee [REAC] (Industry-I) held on 10-12th December, 2018. After detailed deliberations, the committee recommended for grant of Environmental Clearance with specific conditions and general conditions.

24.0 The Ministry of Environment, Forest and Climate Change has considered the application based on the recommendations of the Expert Appraisal Committee (Industry-I) and hereby decided to grant Environmental Clearance for the *“proposed Capacity enhancement from 1,20,000 TPA to 2,07,360 TPA Billets / Rolled Products by replacement of existing 4x8 Tons Induction Furnaces with 4x12 Tons Induction Furnaces and modification of Rolling Mill by M/s. BMA Stainless Limited at Village Debipur, PO Kalyaneshwari, District Pashim Bardhaman, West Bengal”* under the provisions of EIA Notification dated 14th September, 2006, as amended, subject to strict compliance of the following Specific and General Conditions:

A. Specific conditions:

- i) The particular emission from the bag houses shall be less than 30 mg/Nm³.
- ii) The project proponent shall plan for 100% utilization of waste generated in the process.

B. General Conditions:

I. Statutory compliance:

- i. The project proponent shall obtain Consent to Establish / Operate under the provisions of Air (Prevention & Control of Pollution) Act, 1981 and the Water (Prevention & Control of Pollution) Act, 1974 from the West Bengal State Pollution Control Board.
- ii. The project proponent shall obtain the necessary permission from the Central Ground Water Authority, in case of drawl of ground water / from the competent authority concerned in case of drawl of surface water required for the project.
- iii. The project proponent shall obtain authorization under the Hazardous and other Waste Management Rules, 2016 as amended from time to time.

II. Air quality monitoring and preservation

- i. The project proponent shall install 24x7 continuous emission monitoring system at process stacks to monitor stack emission with respect to standards prescribed in Environment (Protection) Rules 1986 vide G.S.R 277 (E) dated 31st March 2012 (applicable to IF/EAF) as amended from time to time and connected to SPCB and CPCB online servers and calibrate these system from time to time according to equipment

- supplier specification through labs recognised under Environment (Protection) Act, 1986 or NABL accredited laboratories.
- ii. The project proponent shall monitor fugitive emissions in the plant premises at least once in every quarter through laboratories recognised under Environment (Protection) Act, 1986 or NABL accredited laboratories.
 - iii. The project proponent shall install system to carryout Ambient Air Quality monitoring for common/criterion parameters relevant to the main pollutants released (e.g. PM₁₀ and PM_{2.5} in reference to PM emission, and SO₂ and NO_x in reference to SO₂ and NO_x emissions) within and outside the plant area (at least at four locations one within and three outside the plant area at an angle of 120° each), covering upwind and downwind directions.
 - iv. The project proponent shall submit monthly summary report of continuous stack emission and air quality monitoring and results of manual stack monitoring and manual monitoring of air quality / fugitive emissions to Regional Office of MoEF&CC, Zonal office of CPCB and Regional Office of SPCB along with six-monthly monitoring report.
 - v. Appropriate Air Pollution Control (APC) system shall be provided for all the dust generating points including fugitive dust from all vulnerable sources.
 - vi. The project proponent shall provide leakage detection and mechanised bag cleaning facilities for better maintenance of bags.
 - vii. Sufficient number of mobile or stationery vacuum cleaners shall be provided to clean plant roads, shop floors, roofs, regularly.
 - viii. Recycle and reuse iron ore fines, coal and coke fines, lime fines and such other fines collected in the pollution control devices and vacuum cleaning devices in the process after briquetting/ agglomeration.
 - ix. The project proponent shall use leak proof trucks/dumpers carrying coal and other raw materials and cover them with tarpaulin.
 - x. The project proponent shall provide covered sheds for raw materials like scrap and sponge iron, lump ore, coke, coal, etc.
 - xi. The project proponent shall provide primary and secondary fume extraction system at all melting furnaces.
 - xii. Design the ventilation system for adequate air changes as per ACGIH document for all tunnels, motor houses, Oil Cellars.

III. Water quality monitoring and preservation

- i. The project proponent shall install effluent monitoring system with respect to standards prescribed in Environment (Protection) Rules 1986 vide G.S.R 277 (E) dated 31st March 2012 (applicable to IF/EAF) as amended from time to time.
- ii. The project proponent shall monitor regularly ground water quality at least twice a year (pre and post monsoon) at sufficient numbers of piezometers/sampling wells in the plant and adjacent areas through labs recognised under Environment (Protection) Act, 1986 and NABL accredited laboratories.
- iii. The project proponent shall submit monthly summary report of continuous effluent monitoring and results of manual effluent testing and manual monitoring of ground water quality to Regional Office of MoEF&CC, Zonal office of CPCB and Regional Office of SPCB along with six-monthly monitoring report.
- iv. Adhere to 'Zero Liquid Discharge'.
- v. Sewage Treatment Plant shall be provided for treatment of domestic wastewater to meet the prescribed standards.
- vi. The project proponent shall provide the ETP for effluents of rolling mills to meet the standards prescribed in G.S.R 277 (E) 31st March 2012 (applicable to IF/EAF) as amended from time to time.
- vii. Garland drains and collection pits shall be provided for each stock pile to arrest the run-off in the event of heavy rains and to check the water pollution due to surface run off
- viii. The project proponent shall practice rainwater harvesting to maximum possible extent.
- ix. The project proponent shall make efforts to minimise water consumption in the steel plant complex by segregation of used water, practicing cascade use and by recycling treated water.

IV. Noise monitoring and prevention

- i. Noise level survey shall be carried as per the prescribed guidelines and report in this regard shall be submitted to Regional Officer of the Ministry as a part of six-monthly compliance report.
- ii. The ambient noise levels should conform to the standards prescribed under E(P)A Rules, 1986 viz. 75 dB(A) during day time and 70 dB(A) during night time.

V. Energy Conservation measures

- i. The project proponent shall provide waste heat recovery system (pre-heating of combustion air) at the flue gases of reheating furnaces.
- ii. Practice hot charging of slabs and billets/blooms as far as possible.

- iii. Ensure installation of regenerative type burners on all reheating furnaces.
- iv. Provide solar power generation on roof tops of buildings, for solar light system for all common areas, street lights, parking around project area and maintain the same regularly.
- v. Provide the project proponent for LED lights in their offices and residential areas.

VI. Waste management

- i. Used refractories shall be recycled as far as possible.
- ii. Oily scum and metallic sludge recovered from rolling mills ETP shall be mixed, dried, and briquetted and reused melting Furnaces
- iii. 100% utilization of fly ash shall be ensured. All the fly ash shall be provided to cement and brick manufacturers for further utilization and Memorandum of Understanding in this regard shall be submitted to the Ministry's Regional Office.
- iv. The waste oil, grease and other hazardous waste shall be disposed of as per the Hazardous & Other waste (Management & Transboundary Movement) Rules, 2016.

VII. Green Belt

- i. Green belt shall be developed in an area equal to 33% of the plant area with a native tree species in accordance with CPCB guidelines. The greenbelt shall inter alia cover the entire periphery of the plant
- ii. The project proponent shall prepare GHG emissions inventory for the plant and shall submit the programme for reduction of the same including carbon sequestration including plantation.

VIII. Public hearing and Human health issues

- i. Emergency preparedness plan based on the Hazard identification and Risk Assessment (HIRA) and Disaster Management Plan shall be implemented.
- ii. The project proponent shall carry out heat stress analysis for the workmen who work in high temperature work zone and provide Personal Protection Equipment (PPE) as per the norms of Factory Act.
- iii. Provision shall be made for the housing of construction labour within the site with all necessary infrastructure and facilities such as fuel for cooking, mobile toilets, mobile STP, safe drinking water, medical health care, crèche etc. The housing may be in the form of temporary structures to be removed after the completion of the project.
- iv. Occupational health surveillance of the workers shall be done on a regular basis and records maintained as per the Factories Act.

IX. Corporate Environment Responsibility

- i. The project proponent shall comply with the provisions contained in this Ministry's OM vide F.No. 22-65/2017-IA,III dated 1st May 2018, as applicable, regarding Corporate Environment Responsibility.
- ii. The company shall have a well laid down environmental policy duly approve by the Board of Directors. The environmental policy should prescribe for standard operating procedures to have proper checks and balances and to bring into focus any infringements/deviation/violation of the environmental / forest / wildlife norms / conditions. The company shall have defined system of reporting infringements / deviation / violation of the environmental / forest / wildlife norms / conditions and / or shareholder's / stake holders. The copy of the board resolution in this regard shall be submitted to the MoEF&CC as a part of six-monthly report.
- iii. A separate Environmental Cell both at the project and company head quarter level, with qualified personnel shall be set up under the control of senior Executive, who will directly to the head of the organization.
- iv. Action plan for implementing EMP and environmental conditions along with responsibility matrix of the company shall be prepared and shall be duly approved by competent authority. The year wise funds earmarked for environmental protection measures shall be kept in separate account and not to be diverted for any other purpose. Year wise progress of implementation of action plan shall be reported to the Ministry/Regional Office along with the Six Monthly Compliance Report.
- v. Self-environmental audit shall be conducted annually. Every three years third party environmental audit shall be carried out.
- vi. All the recommendations made in the Charter on Corporate Responsibility for Environment Protection (CREP) for the plants shall be implemented.

X. Miscellaneous

- i. The project proponent shall make public the environmental clearance granted for their project along with the environmental conditions and safeguards at their cost by prominently advertising it at least in two local newspapers of the District or State, of which one shall be in the vernacular language within seven days and in addition this shall also be displayed in the project proponent's website permanently.
- ii. The copies of the environmental clearance shall be submitted by the project proponents to the Heads of local bodies, Panchayats and Municipal Bodies in addition to the relevant offices of the Government who in turn has to display the same for 30 days from the date of receipt.
- iii. The project proponent shall upload the status of compliance of the stipulated environment clearance conditions, including results of monitored data on their website and update the same on half-yearly basis.

- iv. The project proponent shall monitor the criteria pollutants level namely; PM₁₀, SO₂, NO_x (ambient levels as well as stack emissions) or critical sectoral parameters, indicated for the projects and display the same at a convenient location for disclosure to the public and put on the website of the company.
- v. The project proponent shall submit six-monthly reports on the status of the compliance of the stipulated environmental conditions on the website of the ministry of Environment, Forest and Climate Change at environment clearance portal.
- vi. The project proponent shall submit the environmental statement for each financial year in Form-V to the concerned State Pollution Control Board as prescribed under the Environment (Protection) Rules, 1986, as amended subsequently and put on the website of the company.
- vii. The project proponent shall inform the Regional Office as well as the Ministry, the date of financial closure and final approval of the project by the concerned authorities, commencing the land development work and start of production operation by the project.
- viii. The project authorities must strictly adhere to the stipulations made by the State Pollution Control Board and the State Government.
- ix. The project proponent shall abide by all the commitments and recommendations made in the EIA/EMP report, commitment made during Public Hearing and also that during their presentation to the Expert Appraisal Committee.
- x. No further expansion or modifications in the plant shall be carried out without prior approval of the Ministry of Environment, Forests and Climate Change (MoEF&CC).
- xi. Concealing factual data or submission of false/fabricated data may result in revocation of this environmental clearance and attract action under the provisions of Environment (Protection) Act, 1986.
- xii. The Ministry may revoke or suspend the clearance, if implementation of any of the above conditions is not satisfactory.
- xiii. The Ministry reserves the right to stipulate additional conditions if found necessary. The Company in a time bound manner shall implement these conditions.
- xiv. The Regional Office of this Ministry shall monitor compliance of the stipulated conditions. The project authorities should extend full cooperation to the officer (s) of the Regional Office by furnishing the requisite data / information/monitoring reports.
- xv. The above conditions shall be enforced, inter-alia under the provisions of the Water (Prevention & Control of Pollution) Act, 1974, the Air (Prevention & Control of Pollution) Act, 1981, the Environment (Protection) Act, 1986, Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016 and the Public Liability Insurance Act, 1991 along with their amendments and Rules and any other

orders passed by the Hon'ble Supreme Court of India / High Courts and any other Court of Law relating to the subject matter.

- xvi. Any appeal against this EC shall lie with the National Green Tribunal, if preferred, within a period of 30 days as prescribed under Section 16 of the National Green Tribunal Act, 2010.

25.0 This issues with approval of Competent Authority.

Sharath
25/2/19

(Sharath Kumar Pallerla)
Scientist 'F' / Director

Copy to:-

1. **The Secretary**, Department of Environment, Government of West Bengal, Secretariat Kolkata.
2. **The Additional Principal Chief Conservator of Forests(C)**, Ministry of Environment, Forest and Climate Change, Regional Office (EZ), A/3, Chandrasekharpur, Bhubneshwar-751 023.
3. **The Chairman**, West Bengal State Pollution Control Board, Paribesh Bhawan, 10A-Block LA, Sector -III, Salt Lake City, KOLKATTA - 700 098.
4. **The Member Secretary**, Central Ground Water Authority, A-2, W3, Curzon Road Barracks, K.G. Marg, New Delhi-110001.
5. **The District Collector, Pashim Bardhaman District**, State of West Bengal.
6. **Guard File / Record file / Monitoring file.**
7. **MOEF&CC Website.**

Sharath
25/2/19

(Sharath Kumar Pallerla)
Scientist 'F' / Director

ANNEXURE 18

Date-03.08.2020

To

The Addl Director/Scientist 'E'
Ministry of Environment, Forests & Climate Change,
I.A.Division, Indira Paryavaran Bhavan,
Jor Bagh Road, Aliganj,
New Delhi-110 003

Subject: Prayer letter for change of name from "BMA STAINLESS LTD" To "CAPTAIN STEEL INDIA LTD"

Ref: Environmental Clearance F.No. J-11011/192/2013-IA-II(I) Dated 25 th February 2019.

Dear Madam/Sir,

This is for your kind information that the Company M/S BMA Stainless Ltd incorporated under companies act,1956, having registered office 21A, Shakespeare Sarani,10 th Floor,10A Shakespear Court, Kolkata-700017 & The Unit/Address of the manufacturing Co Vill: Debipur, P.O.-Kalyaneswari . P.S.- Kulti,Dist-Paschim Bardhaman-713369 has received approval from the Registered of companies, West Bengal for change in name of the company from " BMA STAINLESS LTD" to "**CAPTAIN STEEL INDIA LTD**" on 16 th August,2019.

A fresh "Certificate of incorporation pursuant to change of name"[Pursuant to rule 29 of the companies (Incorporation) Rules, 2014] has been issued by the office of the Registered of Companies, west Bengal in this regard. Copy of the fresh certificate of incorporation has been enclosed for your kind perusal to modify & Update Necessary changes in your records for incorporation of the new/changed name for all future reference .

For your reference the WBPCB has noted the name and style of the above referred subject in this regard. Copy of the Memo has been enclosed.

Kindly do the needful.

Thanking you,

Yours faithfully,

For CAPTAIN STEEL INDIA Ltd.



(ARUN Kar)

G.M.

Enc. as stated

1.Certificate of Incorporation

2. Memo No: 1130-2N-43/2013(E) dated 22.11.2019

Memo No: 169-WPBA/Red(BWN)/Cont{521}/06 Dated 20.02.2020

Copy to :

The Director (S)/ Scientist-D

Ministry of Environment, Forest and Climate Change

Government of India,Eastern Regional Office

A/3, Chandrasekharpur,Bhubaneswar – 751023

Odisha.



संघीय सरकार
GOVERNMENT OF INDIA
MINISTRY OF CORPORATE AFFAIRS

Office of the Registrar of Companies
Nizam Palace, 2nd MSO Building 2nd Floor, Kolkata, West Bengal, India, 700020

Certificate of Incorporation pursuant to change of name
[Pursuant to rule 29 of the Companies (Incorporation) Rules, 2014]

Corporate Identification Number (CIN): U27109WB2003PLC097108

I hereby certify that the name of the company has been changed from BMA STAINLESS LIMITED to CAPTAIN STEEL INDIA LIMITED with effect from the date of this certificate and that the company is limited by shares.

Company was originally incorporated with the name BMA STAINLESS LIMITED.

Given under my hand at Kolkata this Sixteenth day of August two thousand nineteen.



K G JOSEPH JACKSON

Registrar of Companies
RoC - Kolkata

Mailing Address as per record available in Registrar of Companies office:

CAPTAIN STEEL INDIA LIMITED

21A, Shakespeare Sarani, 10th Floor, Flat No 10A, Kolkata, West Bengal, India, 700017





SPEED POST

WEST BENGAL POLLUTION CONTROL BOARD
(Department of Environment, Govt. of West Bengal)
Paribesh Bhawan, 10A, Block - LA, Sector-III
Bidhannagar, Kolkata-700 098, India
Tel : 2335 - 9088 / 7428 / 8211 / 6731 / 0261 / 8861 / 5868 / 1625
Fax : 2335 - 5868 / 2813
City Code : 33, Country Code : 91
Website: www.wbpcb.gov.in

Memo No. 1130 -2N-43/2013(E)

Dated : 22.11.2019

To

M/s. BMA Stainless Ltd. 21A

Shakespeare Court, Shakespeare Sarani,
Kolkata - 700 017.

Sub: Change in name & style of NOC Sl. No. NO159372 Memo No. 376-2N-43/2013(E) dated 22.04.2019 for
M/s. Captain Steel India Ltd.

Ref: Your letter no. nil dated 18.10.2019.

Sir,

With reference to the above, this is to inform you that the Board has noted that the name & style of the above referred NOC Sl. No. NO159372 issued vide Memo No. 376-2N-43/2013(E) dated 22.04.2019 has been changed from "M/s. BMA Stainless Ltd." to "M/s. CAPTAIN STEEL INDIA LTD.", without any change in ownership. This is to be treated as an Annexure to the NOC Sl. No. NO159372 Memo No. 376-2N-43/2013(E) dated 22.04.2019. Please note that all other conditions mentioned in the above mentioned NOC shall remain unchanged.

Yours faithfully,

(D. Sarkar)

Senior Environmental Engineer (EIM Cell)



SPEED POST

WEST BENGAL POLLUTION CONTROL BOARD
(Department of Environment, Govt. of West Bengal)
Paribesh Bhawan, 10A, Block - LA, Sector-III
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Yours faithfully,



(D. Sarkar)
Senior Environmental Engineer (EIM Cell)