

Health Check-up

Name : _____

(Deputation/Regular/Contract)

Designation : _____

Date of Joining : _____

Place of Posting : _____

Date of Birth : _____

Age : _____

**Date on which earlier
Health Check-up availed** : _____

Hospital :

1. Max – All 8 branches
2. Indraprastha Apollo Hospital
3. Escorts Hospital
4. Batra Hospital

(Signature of Employee)

Date