

**BEFORE THE NATIONAL GREEN TRIBUNAL,  
PRINCIPAL BENCH, NEW DELHI  
ORIGINAL APPLICATION NO. 454 of 2023**

**IN THE MATTER OF:**

Vijay Kumar Sharma

...Applicant

**Versus**

State of Haryana

...Respondent

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**FILED BY****THROUGH**


**SAURABH RAJPAL AND VINAY KR. SINGH**  
(ADVOCATES FOR RESPONDENT NO.6)

OFFICE:-D-206, 2<sup>ND</sup> FLOOR,

LAJPAT NAGAR I,

NEW DELHI-110024

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PLACE – NEW DELHI

DATE - 06.01.2024

**BEFORE THE NATIONAL GREEN TRIBUNAL,  
PRINCIPAL BENCH, NEW DELHI  
ORIGINAL APPLICATION NO. 454 of 2023**

**IN THE MATTER OF:**

Vijay Kumar Sharma

...Applicant

**Versus**

State of Haryana

...Respondent

**ADDITIONAL REPLY, IN COMPLIANCE WITH THE ORDER  
DATED-07.12.2023 PASSED BY THIS HON'BLE TRIBUNAL, ON  
BEHALF OF RESPONDENT NO.5-M/S SATISH KUMAR GARG  
IN THE ABOVE CAPTIONED MATTER.**

**Most respectfully showeth:**

1. That this Hon'ble Tribunal vide order dated-07.12.2023 directed the Respondent No.5 to file the additional reply giving requisite details regarding blasting permissions obtained, blasting operations carried out and compliance with conditions imposed vide blasting permissions including compliance on consent conditions. The relevant para of the order dated 07.12.2023 passed by this Hon'ble Tribunal is reproduced herein below.

*2. Respondent no. 5 is directed to file additional reply giving requisite details regarding blasting permissions obtained, blasting operations carried out and compliance with conditions imposed vide blasting permissions including compliance on consent conditions through e-filing portal (not through email) in the form of searchable PDF/OCR Supported PDF (not in the form of Image PDF).*

2. That the Respondent No.5 has a valid lease deed of mineable area of 63 kanals/3.35 Hec. (Khasra No.212) in village Bayal, District-Mahendragarh, Haryana, Consent to Operate letter issued by

Haryana State Pollution Control Board and Certificate of Environmental Clearance granted by SEIAA Haryana, necessary permission from DGMS and all other requisite permission as required under law. The Respondent No.5 has been following all the terms and conditions, and requisite guidelines for the mining of marbles on the leased land in accordance with law. At this juncture it is important to mention here that the Marble which is being extracted by the answering Respondent is of very low quality/substandard and the same is being used only for dust purposes in building material.

3. That the Respondent No.5 is complying all the requisite conditions of the Consent condition. It is submitted that the Respondent No.5 vide letter dated 12.12.2019 obtained blasting permissions from Directorate General of Mines Safety, Ministry of Labour & Employment, Government of India, Ghaziabad Region, Ghaziabad for the period of three years.

A copy of the blasting permissions obtained from Directorate General of Mines Safety, Ministry of Labour & Employment, Government of India, Ghaziabad Region, Ghaziabad dated-12.12.2019 is Annexed herewith as **ANNEXURE R-1**.

4. That on 09.01.2023 blasting permissions was further renewed, for which the Respondent No.5 had applied on 24.11.2022 through online bearing application Id. 252390, by Directorate General of Mines Safety, Ministry of Labour & Employment, Government of India, Ghaziabad Region, Ghaziabad for the further period of three years.

A copy of the renewed blasting permissions dated-09.01.2023 obtained from Directorate General of Mines Safety, Ministry of

Labour & Employment, Government of India, Ghaziabad Region, Ghaziabad is Annexed herewith as **ANNEXURE R-2**.

5. That Mr. Gaj Raj Singh, S/o- Ramanand Singh Yadav, Village-Delhawas, Post Office-Gulab Pur, Rewari, Haryana, authorised by the Directorate General of Mines Safety, Ghaziabad- Uttar Pradesh, has been appointed, as a Mining Mate in the answering Respondent Proprietorship for the period of 5 Years from 03.12.2020 to 02.12.2025.

A copy of the certificate issued to Mr. Gaj Raj Singh to work as a Mining Mate in the Respondent Proprietorship is Annexed herewith as **ANNEXURE R-3**.

6. That Mr. Gaj Raj Singh, Mining mate, prepares blasting report from time to time as per the Mines Act, 1952 which includes Quantity of Explosive taken, Quantity of Explosive used, Quantity of Explosive returned. At this juncture it is important to mention here recent date of controlled blasting occurred on 07.12.2023, 11.12.2023, 14.12.2023, 18.12.2023, 24.12.2023 & 30.12.2023 under the supervision of mining mate in accordance with the rules and guidelines.

A copy of the Blaster's Report Book prepared by Mr. Gaj Raj Singh/ Mining Mate is Annexed herewith as **ANNEXURE R-4**.

7. That the Controlled blasting is being conducted at Mining site of the answering Respondent to minimize blast induced ground vibrations and to manage the noise pollution within permissible limits. At this juncture it is important to mention here that Regular monitoring of every blast is being conducted from time to time (recently on 01.11.2023, 04.11.2023, 30.11.2023, 07.12.2023, 11.12.2023, 14.12.2023, 18.12.2023 & 24.12.2023) through

seismograph instrument to check the blast induced ground vibration within permissible limit.

A copy of the Event Report of Regular monitoring of every blast conducted (recently on 01.11.2023, 04.11.2023, 30.11.2023, 07.12.2023, 11.12.2023, 14.12.2023, 18.12.2023 & 24.12.2023) through seismograph instrument is Annexed herewith as **ANNEXURE R-5(Colly)**.

8. That the monitoring of Ambient air quality is being carried out by Overseas Test House & Research Centre Pvt. Ltd. certified & NABL & Accredited Laboratory. The Photographs of location showing monitoring of Ambient air is also annexed.

A copy of the Test Results of Ambient Air Quality Analysis and Photographs of location showing monitoring of Ambient air is Annexed herewith as **ANNEXURE R-6 (Colly)**.

9. That the monitoring of Ground water quality was carried out by Overseas Test House & Research Centre Pvt. Ltd. certified & NABL & Accredited Laboratory. That the sample of water was collected, on 20.09.2023, from three different locations namely Pond Near Golwa Village, Golwa -Village and Village-Bayal by the Overseas Test House & Research Centre Pvt. Ltd. And the report of the same came on 30.09.2023, which shows that the quality of water is within the permissible limit. At this juncture it is important to mention here that obtaining the permission regarding withdrawal of ground water from CGWA before the start of the project is not required because extraction of Ground water is not required in the process of mining.

A copy of the Test Results of Ground water quality carried out by Overseas Test House & Research Centre Pvt. Ltd. Of the three different places is Annexed herewith as **ANNEXURE R-7(Colly)**.

10. That the answering Respondent has required mine machineries with closed operator cabins to mitigate/control the Noise level. That the workers engaged in the operations have been provided with earplugs / muffs along with adequate training, awareness and information regarding safety and health issues. At this juncture it is pertinent to mention here that the monitoring of Ambient Noise level was carried out by Overseas Test House & Research Centre Pvt. Ltd. certified & NABL & Accredited Laboratory. That the monitoring of Ambient Noise was conducted from 15.09.2023 to 20.09.2023 locations Nr. Mine Site, & Nearby Village by the Overseas Test House & Research Centre Pvt. Ltd., and the report of the same was came on 30.09.2023, which shows that the level of is within the permissible limit as CPCB Guidelines Limit. That the Photographs of location showing monitoring of Noise is also annexed.

A copy of the Test Results of Ambient Noise carried out by Overseas Test House & Research Centre Pvt. Ltd. and Photographs of location showing monitoring of Noise is Annexed herewith as **ANNEXURE R-8 (COLLY)**.

11. That the Plantation is being carried out and maintained as per conditions of the Clearance granted to the Respondent No.5. That the answering Respondent has bought 1000 plants, from 2020 to 2023 (250 plants each year) from forest department Narnaul, Haryana and the same have been planted as well. That on 03.01.2024, 160 plants more (purchased from Private Nursery) have been planted by the answering Respondent; that the photographs showing planting the trees have also been annexed.

A Copy of receipts issued by the forest department Narnaul, Haryana of plant bought by answering Respondent and photographs

showing planting the trees are Annexed herewith as **ANNEXURE R-9 (Colly)**.

12. That the answering Respondent has developed the green belt safety zone in order to arrest pollution emanating from mining operations as per the guidelines of Central Pollution Control Board. That the Photographs displaying the green belt developed by the answering Respondent is annexed herewith as **ANNEXURE R-10**.

13. That there is regular sprinkling of water, through water tanker, is being carried out by the answering Respondent at the mining site and its vicinity in order to curb the dust caused because of the mining.

A copy of photographs sprinkling of water, through water tanker, by answering Respondent is Annexed herewith as **ANNEXURE R-11(Colly)**.

14. That the medical examination of the workers employed in the mines has been conducted as per the DGMS guidelines and will be carried out accordingly as well.

A copy of certificate issued to workers of medical check-ups is Annexed herewith as **ANNEXURE R-12 (Colly)**.

15. That the answering Respondent provides basic facilities like Toilet room, Manager Room, First Aid Box and receipts of medicines are also available at the Mining site.

A copy of photographs displaying the Toilet room, Manager Room, First Aid Box and receipts of medicines is Annexed herewith as **ANNEXURE R-13 (Colly)**.

16. That the Standard Operating Procedure (SOP) for all the mining activities have been made and distributed to the mining workers to work towards zero harm to protect the health and wellbeing of

workers and nearby community. There has not been any harm and minor accident reported since beginning of the mining activities.

A copy of photographs displaying the Standard Operating Procedure (SOP) is Annexed herewith as **ANNEXURE R-14**.

17. That the answering Respondent has actively involved in Corporate Environment Responsibility (CER) and Corporate Social Responsibility (CSR). That the answering Respondent has even planted trees in the nearby schools to sustain the required number of plants under Corporate Environment Responsibility and also distributed school's uniform to the students, made water tank in nearby village and donated money in temple as well under the liability of Corporate Social Responsibility (CSR).

A copy of photographs displaying the plantation of trees in the nearby schools, distributing school's uniform, water tank made by answering Respondent and money donated to temple is Annexed herewith as **ANNEXURE R-15 (Colly)**.

18. That, in view of the above facts and circumstances of the case and the answering Respondent has a good case on merits and the Original Applicant has made bald allegation without any proofs/evidence to substantiate its allegation hence, the present original Application may be dismissed.

19. That the supporting Affidavit is being filed along with this Reply.

**FILED BY**

**THROUGH**



**SAURABH RAJPAL AND VINAY KR. SINGH**

**(ADVOCATES FOR RESPONDENT NO.5)**

**OFFICE:-D-206, 2<sup>ND</sup> FLOOR,**

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**E-MAIL: -advocatesaurabhrajpal@gmail.com**

**PLACE – NEW DELHI**

**DATE - 06.01.2024**

**BEFORE THE NATIONAL GREEN TRIBUNAL,  
PRINCIPAL BENCH, NEW DELHI  
ORIGINAL APPLICATION NO. 454 OF 2023**

**IN THE MATTER OF: -**

VIJAY KUMAR SHARMA

.... APPLICANT

VERSUS

STATE OF HARYANA

...RESPONDENT

**AFFIDAVIT**

I, Mr. Satish Kumar, S/o Sh. Ajudhya Prashad, Age About 61 Years, R/o 299/4, Ward No. 12, Purani Mandi, Naraul, Mahendragarah, Haryana-123001, Authorized Representative, presently at New Delhi do hereby solemnly affirm and declare as under:

1. That I am authorized representative and am well conversant with the facts and circumstances of the case and thus competent to swear this affidavit.
2. That the accompanying Additional Reply has been drafted by my counsel under my instruction based on knowledge and I affirm that statement of facts made herein are true and correct to my knowledge.
3. That the contents of the said Reply be read as part of this affidavit and same are not repeated here for the sake of abrevity.
4. That the annexures annexed in the additional reply are true copy of their respective originals.

*Satish Kumar*

**DEPONENT**

**VERIFICATION:**

05 JAN 2024

Verified at \_\_\_\_\_ on this \_\_\_ day of January 2024 that the contents of my aforesaid affidavit are true and correct to my knowledge. No part of it is false nor anything material has been concealed therefrom.

*I Identify the Deponent who has signed above in my presence*  
07/01/24



DECLARATION: *Satish Kumar*  
Sh./Smt./M. *Sh. Ajudhya Prasad*  
S/o W/o... *Saurav Rajyada*  
R/o...  
Identified by...  
has solemnly...  
05 JAN 2024...  
That the contents of the affidavit which have been read over & explained to him are true and correct to his knowledge

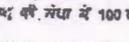
*Satish Kumar*

**DEPONENT**

NOTARY PUBLIC

ATTESTED

05 JAN 2024

	<b>10</b>	
	सत्यमेव जयते	
भारत सरकार/ Government of India श्रम एवं रोजगार मंत्रालय/ Ministry of Labour & Employment खान सुरक्षा महानिदेशालय/ Directorate General of Mines Safety गाजियाबाद क्षेत्र, गाजियाबाद/ Ghaziabad Region, Ghaziabad		
कमरा संख्या 101-102, प्रथम तल, ब्लॉक-बी, सी.जी.ओ. कॉम्प्लेक्स-II, हापुड रोड, गाजियाबाद-201002		

संख्या: S29024/GR/HR/Mahendragarh/164(1-B)/Perm 3564 दिनांक 12/12/2019

प्रेषक:  
खान सुरक्षा निदेशक,  
गाजियाबाद क्षेत्र, गाजियाबाद।

सेवा में,  
श्री सतीश कुमार गर्ग,  
मालिक— बायल मार्बल खान खसरा नं० 212,  
22-ए Industrial Estate, Narnaul,  
जिला महेन्द्रगढ़(हरि०)।

विषय: धातुप्रद खानविनियम 1961 के विनियम 164(1-बी)के अन्तर्गत Sri Satish Garg की की Bayal Marble Mine Khasra No. 212 के आस पास स्थित स्थाई ढाचों के 300 मीटर के भीतर परन्तु 100 मीटर तक कन्ट्रोल्ड डीप होल ब्लास्टिंग की अनुमति।

महोदय,

Please refer to your application vide letter No. nil, dated 07.11 2019 and surface planno. BAYAL/SATISH/PLAN/C-558C&D/2019 dt.11.08.19 and report titled "Scientific Blasting Study for Monitoring of Blast Induced ground Vibration at Bayal Marble mine, Bayal Mahendergarh , Haryana", prepared by Shri S.K. Parihar, Department of Mining Engineering, Jai Narayan Vyas University, Jodhpur, enclosed therewith on the above-cited subject.

The matter has since been examined in the light of what has been stated in your application under reference. By virtue of the powers conferred on the Chief Inspector of Mines (also designated as Director-General of Mines Safety) under Regulation 164(1-B) and of the Metalliferous Mines Regulations, 1961, and by virtue of the authorization granted to me by the Chief Inspector of Mines (also designated as Director-General of Mines Safety) under Section 6(1) of Mines Act, 1952, I hereby permit you, to conduct controlled deep-hole blasting within 300m but beyond 100m of permanent surface structures, hutments & temples not belonging to owner of the mine as shown on surface plan No. BAYAL/SATISH/PLAN/C-558C&D/2019 dt.11.08.19 at Bayal Marble mine of Sri Satish Garg ,owner located at Bayal, Mahendergarh, Haryana subject to the following conditions being strictly complied with:

- 1.0 (a) No blasting shall be done in the mine within 100m of permanent surface structures/dwellings/temples not belonging to the owner of the mine as shown on the surface plan under reference. The lease area of the mine marked by coordinates are (A- N 27°50'58" E 76°01'8.6"; B- N 27°50'55" E 76°01'16"; C- N 27°50'55" E 76°01'15"; D- N

1 My

operations for which this permission has been granted shall be stopped forthwith and intimation thereof shall be sent to this Directorate. The said mining operation shall not be resumed without express and fresh permission in writing from this Directorate.

5.0 If at any time any of the conditions, subject to which this permission has been granted, is violated/not complied with, this permission shall be deemed to have been revoked with immediate effect.

6.0 This permission may be amended or withdrawn at any time if considered necessary in the interest of safety and is being issued under Regulation 164(1B) of the Metalliferous Mines Regulations, 1961, only without prejudice to any other provisions of law which may be or may become applicable at any time.

7.0 Unless renewed, this relaxation shall be valid for a period of 3 (three) years from the date of issue of this letter.

M. Doley  
2/1/18  
(M. Doley)

Director of Mines Safety,  
Ghaziabad Region, Ghaziabad.



12  
 भारत सरकार  
 Govt. of India  
 श्रम एवं रोजगार मंत्रालय  
 Ministry of Labour & Employment  
 रमान सुरक्षा महाविदेशालय  
 Directorate-General of Mines Safety



पत्र संख्या : 392040|NZ|Ghaziabad Region|Perm|2022|252390 Ghaziabad 09.01.2023

प्रेषक:

खान सुरक्षा निदेशक,  
 गाजियाबादक्षेत्र, गाजियाबाद

सेवा मे,

श्री सतीश कुमार गर्ग,  
 मालिक- बायल मार्बल खान (खसरा सं.212),  
 22- ए इंडस्ट्रियल इस्टेट (Industrial Estate)  
 नारनौल, जिला महेंद्रगढ़ (हरियाणा)

विषय: धात्विक खान विनियम 1961 के विनियम 164(1-बी) के अंतर्गत श्री सतीश गर्ग की बायल मार्बल माइन (खसरा संख्या 212) के आस पास स्थित स्थायी ढांचों के 300 मीटर के भीतर परन्तु उनके 100 मीटर दूर तक कंट्रोल डीप होल ब्लास्टिंग हेतु पत्र संख्या S29024/GR/HR/Mahendragarh/164(1-B)/Perm/3564 dated 12.12.2019 द्वारा जारी की गयी अनुमति- वैधता विस्तार।

महोदय,

Please refer to your online application Id: 252390 dated 24.11.2022 and offline application reference No. SSKG/DGMS/392040/2022-3 dated 24.11.2022, and Plan No.SSKG/DGMS/DZP/1 dated 10.11.2022 and goggle map and other documents enclosed therewith on the above subject.

The matter has since been examined in the light of the information submitted by you along with the application.

By virtue of powers conferred on Chief Inspector of Mines (also designated as Director-General of Mines Safety) under the provisions of Regulations 164(1-B) of the Metalliferous Mines Regulations, 1961, and by virtue of the authorization granted to me by the Chief Inspector of Mines (also designated as Director-General of Mines Safety) under Section 6(1) of the Mines Act, 1952, I, hereby extend the validity of permission issued by this Directorate vide letter No.S29024/GR/HR/Mahendragarh/164(1-B0)/Perm/3564 dated 12.12.2019 to conduct controlled deep hole blasting within 300 m but beyond 100 m of structures of permanent nature, not belonging to owner of the mine at the opencast workings of Bayal Marble Mine (Khasra No. 212) of Shri Satish Garg subject to strict compliance of all the following conditions, .

1. All the conditions of the permission granted under Regulation 164(1-B) of the Metalliferous Mines Regulations, 1961 for conducting controlled deep hole blasting within 300 m but beyond 100 m of structures of permanent nature at the opencast workings of Bayal Marble Mine (Khasra No. 212) of Shri Satish Garg by this Directorate vide letter No. S29024/GR/HR/Mahendragarh/164(1-B)/Perm/3564 dated 12.12.2019 shall remain unaltered and shall be strictly complied with except condition No. 7.0 of the said permission.

2. In the event of any change in the circumstances connected with this permission, which is likely to endanger the life of persons employed in or about the mine or endanger the mine itself, or surface features, the mining operations for which this permission has been granted, shall be stopped forthwith and intimation thereof shall be sent to this Directorate. The said mining operations shall not be resumed without an express and fresh permission in writing from this Directorate.
3. In the event of any change in the circumstances, likely to affect the safety of persons or damage to structures not belonging to the owner, this permission shall be deemed to have been withdrawn.
4. If at any time any one of the conditions subject to which this permission has been granted is violated or not complied with, this permission shall be deemed to have been revoked with immediate effect.
5. The above permission may be amended or withdrawn at any time, if considered necessary in the interest of safety.
6. This permission is being issued under Regulation 164(1-B) of the MMR,1961 only without prejudice to any other provision of statute, which may be or may become applicable, at any time.
7. **The validity of the permission is hereby extended for a period of 03 years and shall remain valid upto 11.12.2025 or till the validity of consent to operate or validity of EC or validity of the lease granted by the competent authority expires, whichever occurs earlier.**

भवदीय



रामावतार मीना

खान सुरक्षा निदेशक

गाजियाबाद क्षेत्र, गाजियाबाद

THIS IS A SYSTEM GENERATED DOCUMENT, DOES NOT REQUIRE ANY SIGNATURE.



सत्यमेव जयते

Cert No. MR / NZ / 0316

भारत सरकार/Government of India

खान अधिनियम, 1952/Mines Act, 1952

खनन परीक्षा बोर्ड/Board of Mining Examinations

खनन मेट सक्षमता प्रमाण-पत्र

MINING MATE'S CERTIFICATE OF COMPETENCY

(केवल ओपेनकास्ट खानों तक सीमित)

(Restricted to mines having opencast workings only)

(धात्विकीय खान विनियम, 1961 के अन्तर्गत)

(Under the Metalliferous Mines Regulations, 1961)



श्री गजराज सिंह

सुपुत्र

रामानन्द

जिनकी जन्म तिथि 20 मार्च 1971

है, को अपनी

आयु, स्वस्थता, सदाचार, साक्षरता और धात्विकीय खानों में काम करने के विहित अनुभव का सन्तोषजनक प्रमाण प्रस्तुत करने एवं दिनांक 23/01/2016 को डीजीएमएस गाजियाबाद केन्द्र पर आयोजित विहित परीक्षा में उत्तीर्ण होने पर एतद्वारा केवल ओपेनकास्ट खानों तक सीमित मेट सक्षमता प्रमाण-पत्र प्रदान किया जाता है।

Shri GAJ RAJ SINGH

son of

RAMANAND

having given satisfactory evidence of his age,

born on 20 MARCH, 1971

medical fitness, good character, literacy and prescribed experience of working in metalliferous

mines and having passed the prescribed examination held at DGMS, GHAZIABAD

centre on 23/01/2016

is hereby granted MINING MATE'S CERTIFICATE

OF COMPETENCY restricted to mines having opencast workings only.

बाएँ हाथ के अंगूठे का निशान

Left hand thumb impression

अंचल सचिव

खनन परीक्षा बोर्ड

Zonal Secretary  
Board of Mining  
Examinations

अध्यक्ष

खनन परीक्षा बोर्ड

Chairman  
Board of Mining  
Examinations

Signed and Sealed

Date 05-08-2016

No. 79.

MINES ACT, 1952  
The Metalliferous Mines Regulations, 1961  
(Clause 169)

BLASTER'S REPORT BOOK

Name of Mine Machal Mines, Bayal  
No. of Pits in Inclines/Seam Pit No. 1.  
Date 7-12-2023 Shift lineal

	Explosives		Detonater	Fuse
	Kind	Quantity		
Quantity of Explosives taken	Mat. Blast SUPPL	425 kg	0D. 2 Nos 24 Nos 25 Nos	7-300 MPL
Quantity of Explosives used	0315	425 kg	2 Nos 24 Nos 25 Nos	7-300 MPL
Quantity of Explosives Returned	Mat 35 kg Return	400 kg	2 D.M. 1 R.L.D. Return	MPL

Place where shofts were fired Machal Mines, Bayal.

Misfire, if any \_\_\_\_\_

No. of shots fired including misfire \_\_\_\_\_

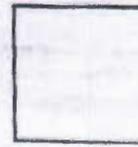
Remarks

All. Hale. Balant

Signed Light Singh

Dated 7-12-2023

For causes in which the person making the examination is unable to write (Regulation 197)



Thumb mark of \_\_\_\_\_

Who made the above report \_\_\_\_\_

I, the undersigned, hereby certify that I have written the above report as directed by and in the presence of \_\_\_\_\_ and have read it over to him and he has thumb mark.

Signed \_\_\_\_\_

Dated \_\_\_\_\_ Time \_\_\_\_\_

Manager

No 80

MINES ACT, 1952  
The Metalliferous Mines Regulations, 1961  
(Clause 169)

BLASTER'S REPORT BOOK

Mambal. Mines. Bayal

Name of Mine

No. of Pits in Inclines/Seam

Pit. No. 1.

Date 11-12-2023

Shift

Normal

	Explosives		Detonater	Fuse
	Kind	Quantity		
Quantity of Explosives taken	Rat. Blast	725 kg	GD. 4 NOV 52 XI 0 52 NOV	7.320 M2
Quantity of Explosives used	Safety	725 kg	4 NOV 52 NOV 52 NOV	7.320 M2
Quantity of Explosives Returned	-	Nil	Nil	Nil

Place where shafts were fired

Mambal. Mines. Bayal

Misfire, if any

No. of shots fired including misfire

Remarks

All. Hole. Blast

Signed

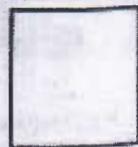
*[Signature]*

Dated

11-12-2023

For causes in which the person making the examination is unable to write (Regulation 197)

Thumb mark of



Who made the above report

I, the undersigned, hereby certify that I have written the above report as directed by and in the presence of \_\_\_\_\_ and have read it over to him and he has thumb mark.

Manager

Signed

Dated

Time

No. 81

MINES ACT, 1952  
The Metalliferous Mines Regulations, 1961  
(Clause 169)

BLASTER'S REPORT BOOK

Name of Mine Mumbal. Mines. Bayal  
No. of Pits in Inclines/Seam Pit. No. 1.  
Date 14-12-2023 Shift Diurnal

	Explosives		Detonater	Fuse
	Kind	Quantity		
Quantity of Explosives taken	<u>Ant. Blast</u>	<u>275</u>	<u>OD-2102</u>	<u>7.320</u>
Quantity of Explosives used	<u>5422</u> <u>0315</u>	<u>127</u> <u>275</u>	<u>20102</u> <u>24102</u> <u>22102</u> <u>24102</u>	<u>mk</u> <u>mk</u>
Quantity of Explosives Returned	<u>-</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>

Place where shofts were fired Mumbal. Mines. Bayal

Misfire, if any \_\_\_\_\_

No. of shots fired including misfire \_\_\_\_\_

Remarks All. Hole. Balent

Signed [Signature]  
Dated 14-12-2023

For causes in which the person making the examination is unable to write (Regulation 197)

Thumb mak of \_\_\_\_\_

Who made the above report \_\_\_\_\_

I, the undersigned, hereby certify that I Have written the above report as directed by and in the presence of \_\_\_\_\_ and have read it over to him and he has thumb mark.

Signed \_\_\_\_\_  
Dated \_\_\_\_\_ Time \_\_\_\_\_

Manager

No. 82

MINES ACT, 1952  
The Metalliferous Mines Regulations, 1961  
(Clause 169)

BLASTER'S REPORT BOOK

Name of Mine Mambal Mines - Bayal  
No. of Pits in Inclines/Seam Pit No. 1  
Date 18.12.2023 Shift Journal

	Explosives		Detonater	Fuse
	Kind	Quantity		
Quantity of Explosives taken	<u>Raj. Blast</u>	<u>300 kg</u>	<u>OD. 9 Nos 18 Nos 18 Nos</u>	<u>7.320 mm</u>
Quantity of Explosives used	<u>3400 B15</u>	<u>300 kg</u>	<u>2 Nos 18 Nos 18 Nos</u>	<u>7.320 mm</u>
Quantity of Explosives Returned	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

Place where shafts were fired Mambal Mines. Bayal

Misfire, if any

No. of shots fired including misfire

Remarks All. Hole: Blast

Signed [Signature]

Dated 18.12.2023

For causes in which the person making the examination is unable to write (Regulation 197)

Thumb mark of



Who made the above report

I, the undersigned, hereby certify that I have written the above report as directed by and in the presence of \_\_\_\_\_ and have read it over to him and he has thumb mark.

Signed

No. 88.

MINES ACT, 1952  
The Metalliferous Mines Regulations, 1961  
(Clause 169)

BLASTER'S REPORT BOOK

Name of Mine Mambal. Mines. Bayal  
No. of Pits in Inclines/Seam Pit. No. 1  
Date 24-12-2023 Shift Diurnal

	Explosives		Detonater	Fuse
	Kind	Quantity		
Quantity of Explosives taken	Raj. Blast	975 kg	40.2107 17.2107 17.2107	7.320 MH
Quantity of Explosives used	54P 0315	275 kg	2.2107 17.2107 17.2107	7.320 MH
Quantity of Explosives Returned	-	Nil	Nil	Nil

Place where shofts were fired Mambal. Mines. Bayal

Misfire, if any \_\_\_\_\_

No. of shots fired including misfire \_\_\_\_\_  
Remarks Att. Male. Blast

Signed Govind Singh  
Dated 24-12-2023

For causes in which the person making the examination is unable to write (Regulation 197)

Thumb mark of \_\_\_\_\_

Who made the above report \_\_\_\_\_

I, the undersigned, hereby certify that I Have written the above report as directed by and in the presence of \_\_\_\_\_ and have read it over to him and he has thumb mark.

Signed \_\_\_\_\_  
Dated \_\_\_\_\_ Time \_\_\_\_\_

Manager

No. 84.

MINES ACT, 1952  
The Metalliferous Mines Regulations, 1961  
(Clause 169)

BLASTER'S REPORT BOOK

Name of Mine Mambal. MINES. Bayal  
No. of Pits in Inclines/Seam Pit. NO. 1.  
Date 30-12-2023 Shift Normal

	Explosives		Detonater	Fuse
	Kind	Quantity		
Quantity of Explosives taken	1000 half-supernine	500 kg	9 NOV 25-NOV 27 NOV	7.5 to m
Quantity of Explosives used	830g.M. (1358)	500 kg	9 NOV 25 NOV 27 NOV	7.5 to m
Quantity of Explosives Returned	-	None	None	None

Place where shots were fired Mambal. MINES. Bayal

Misfire, if any \_\_\_\_\_

No. of shots fired including misfire \_\_\_\_\_

Remarks All Hole. Blast

Signed [Signature]

Dated 30-12-2023

For causes in which the person making the examination is unable to write (Regulation 197)

Thumb mark of \_\_\_\_\_

Who made the above report \_\_\_\_\_

I, the undersigned, hereby certify that I have written the above report as directed by and in the presence of \_\_\_\_\_ and have read it over to him and he has thumb mark.

Manager

Signed \_\_\_\_\_  
Dated \_\_\_\_\_ Time \_\_\_\_\_



Event Report

Date/Time Tran at 14:02:36 November 1, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

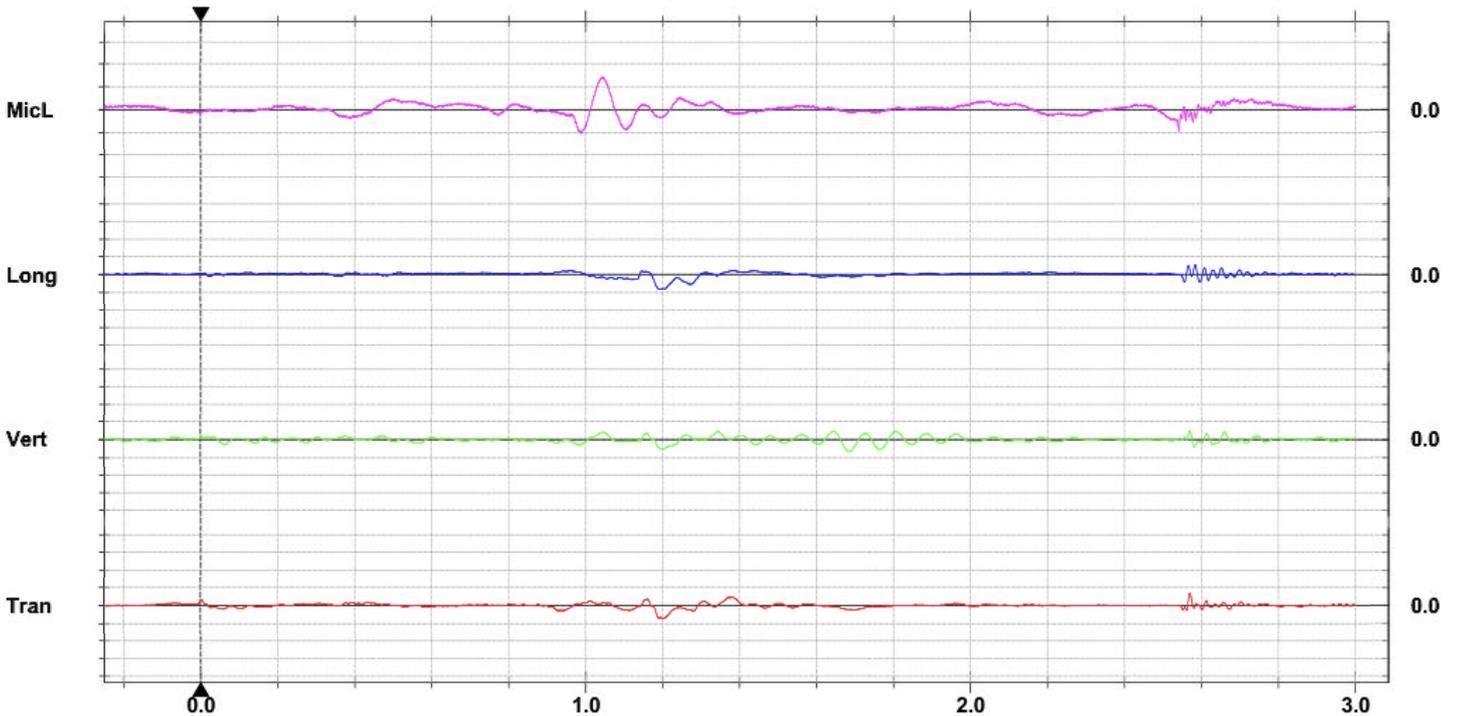
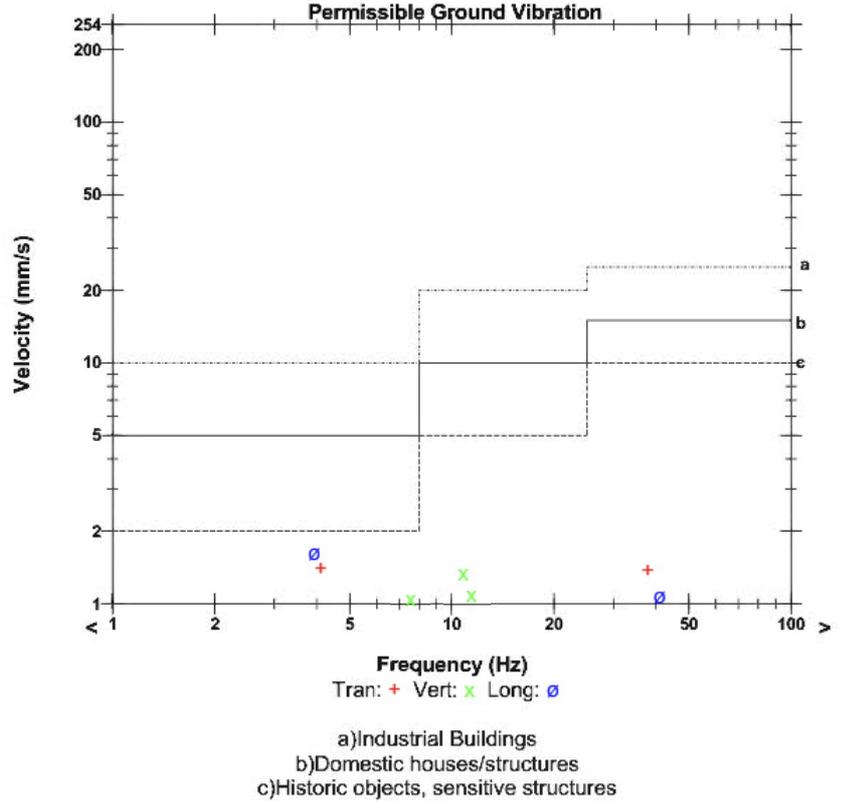
Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231101140236.IDFW

Notes

Microphone Linear Weighting  
 PSPL 97.07 dB(L) at 1.043 sec  
 ZC Freq 8.0 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1201 mv )

	Tran	Vert	Long	
PPV	1.411	1.332	1.647	mm/s
ZC Freq	4.1	10.8	3.9	Hz
Time (Rel. to Trig)	1.204	1.683	1.193	sec
Peak Acceleration	0.039	0.030	0.035	g
Peak Displacement	0.037	0.022	0.058	mm
Sensor Check	Passed	Passed	Passed	
Peak Vector Sum	2.361 mm/s at 1.204 sec			

DGMS India (A)



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = >-----<

Date/Time Long at 14:09:20 November 4, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231104140920.IDFW

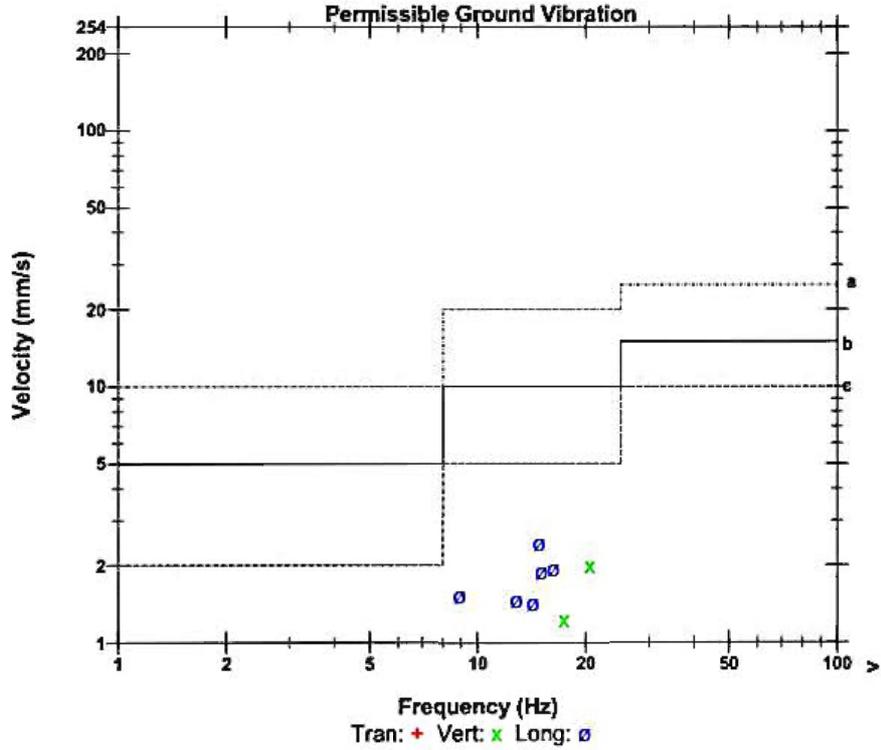
Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 8.8 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1335 mv )

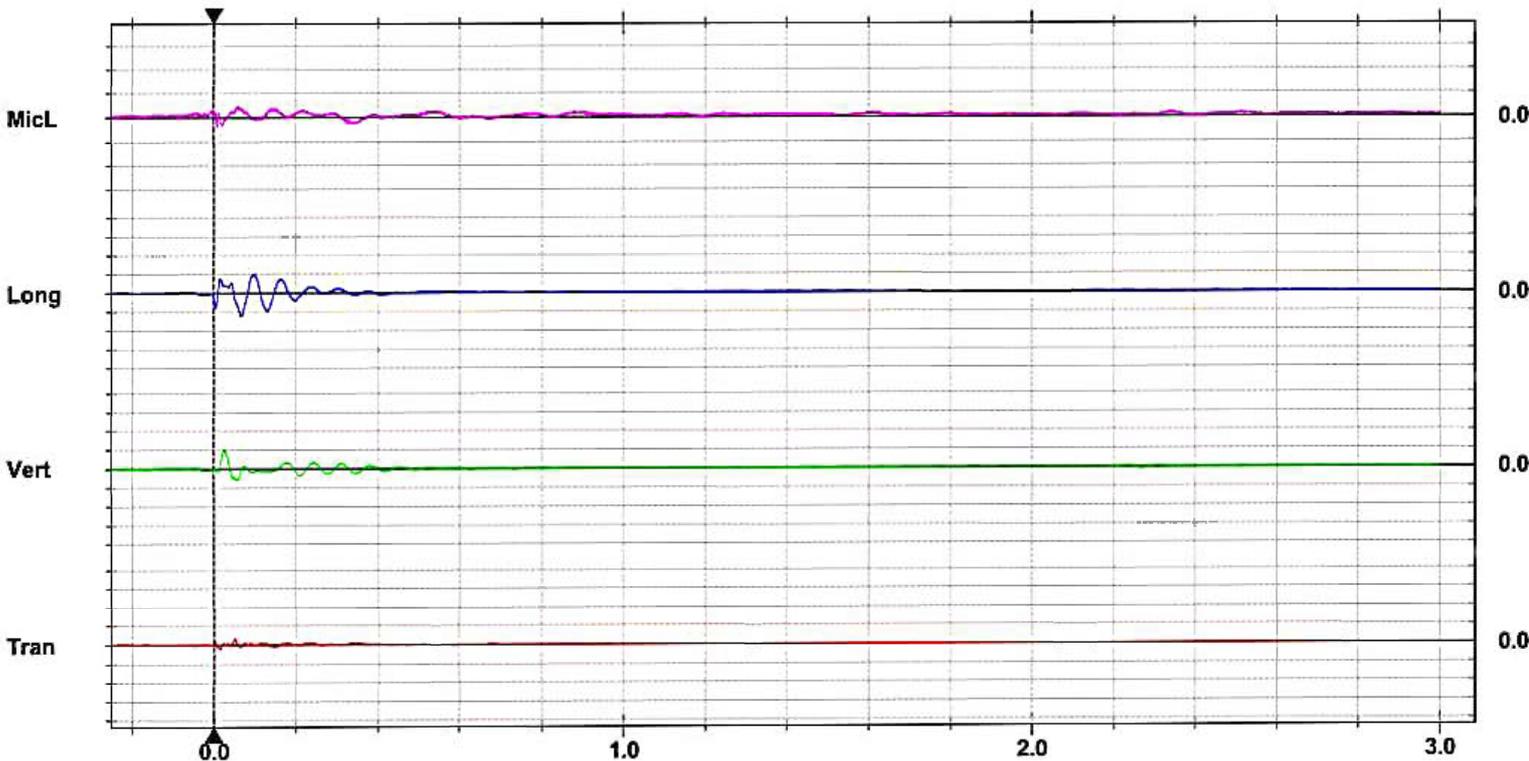
	Tran	Vert	Long	
PPV	0.646	1.994	2.443	mm/s
ZC Freq	33	20	14.8	Hz
Time (Rel. to Trig)	0.050	0.025	0.067	sec
Peak Acceleration	0.015	0.033	0.049	g
Peak Displacement	0.003	0.015	0.023	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 2.445 mm/s at 0.067 sec  
 N/A: Not Applicable

DGMS India (A)



- a) Industrial Buildings
- b) Domestic houses/structures
- c) Historic objects, sensitive structures



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = <math>\blacktriangleleft \blacktriangleright</math>



Event Report

Date/Time Vert at 13:14:56 November 30, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name \_\_TEMP.EVT

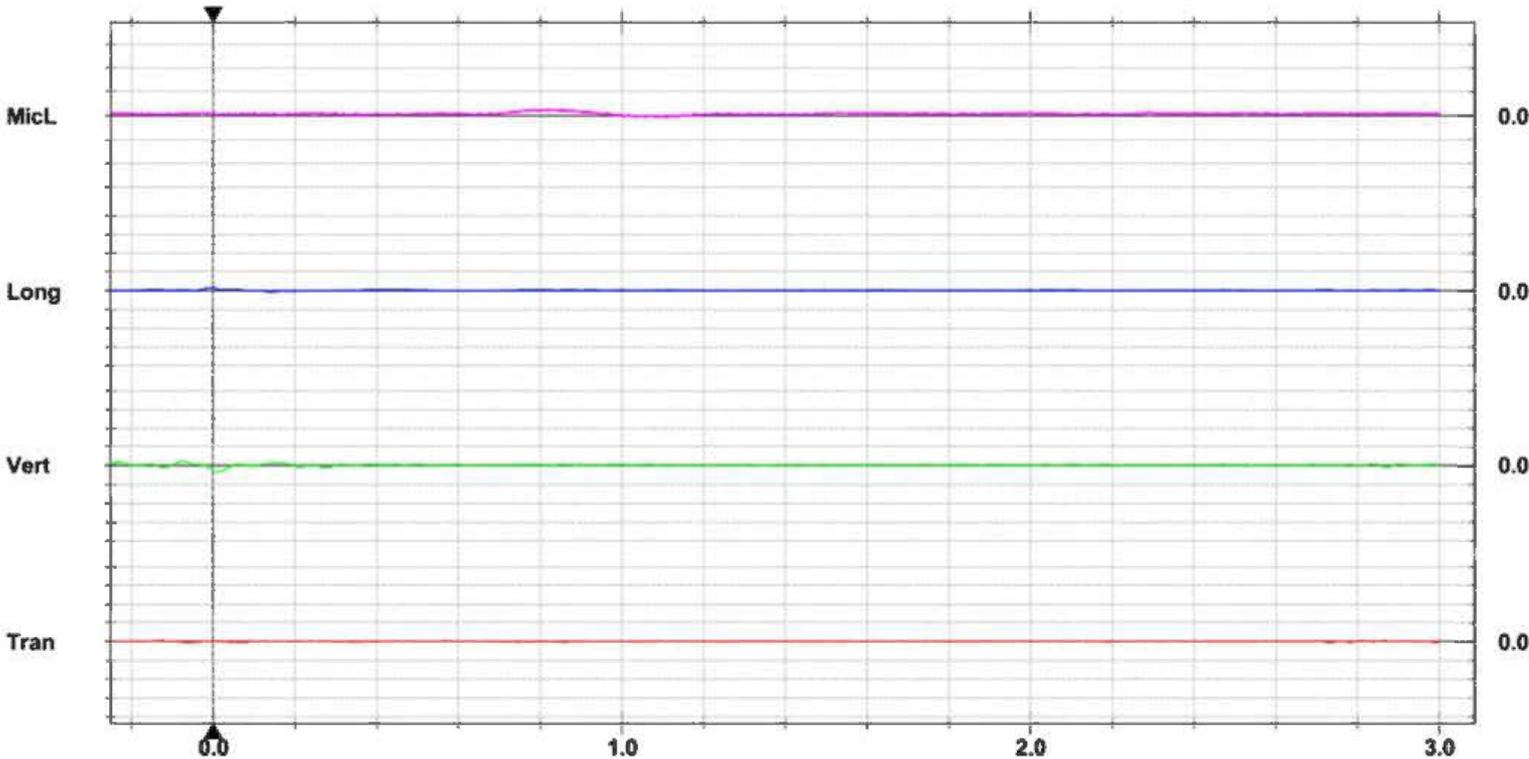
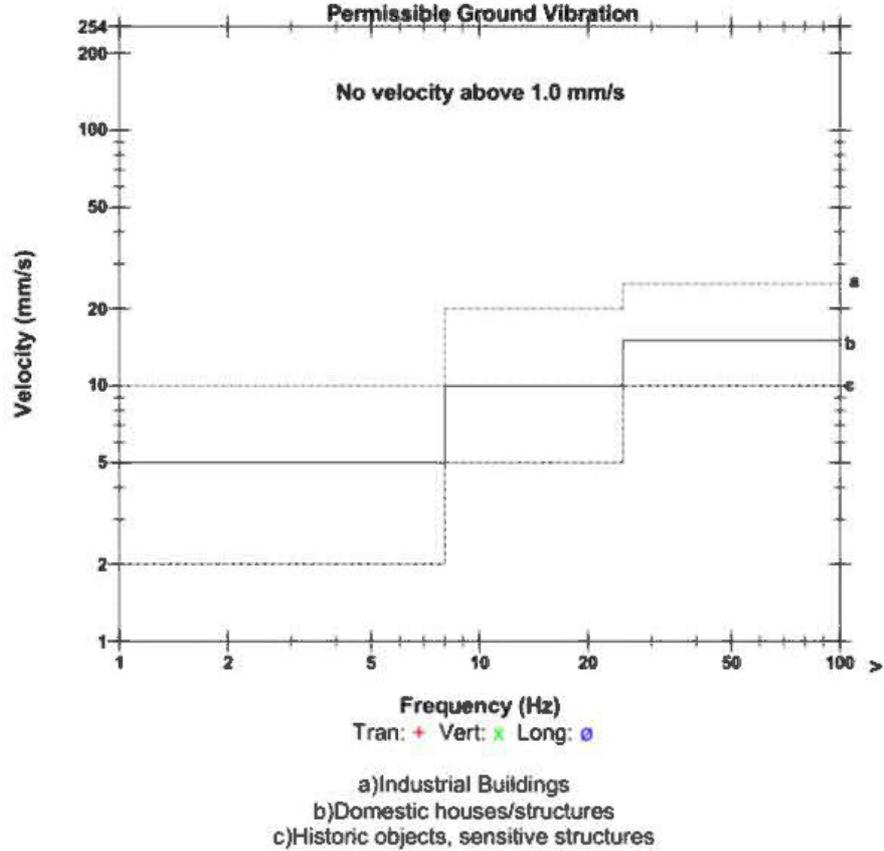
Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 1.6 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1340 mv )

	Tran	Vert	Long	
PPV	0.102	0.725	0.268	mm/s
ZC Freq	7.1	6.9	4.6	Hz
Time (Rel. to Trig)	-0.055	0.013	-0.008	sec
Peak Acceleration	0.010	0.010	0.012	g
Peak Displacement	0.002	0.014	0.008	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 0.735 mm/s at 0.013 sec  
 N/A: Not Applicable

DGMS India (A)



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = >-----<



**Date/Time** Long at 13:49:46 December 7, 2023  
**Trigger Source** Geo: 0.500 mm/s  
**Range** Geo: 254.0 mm/s  
**Record Time** 3.0 sec at 2048 sps  
**Operator/Setup:** Operator/BAYAL MINES.MMB

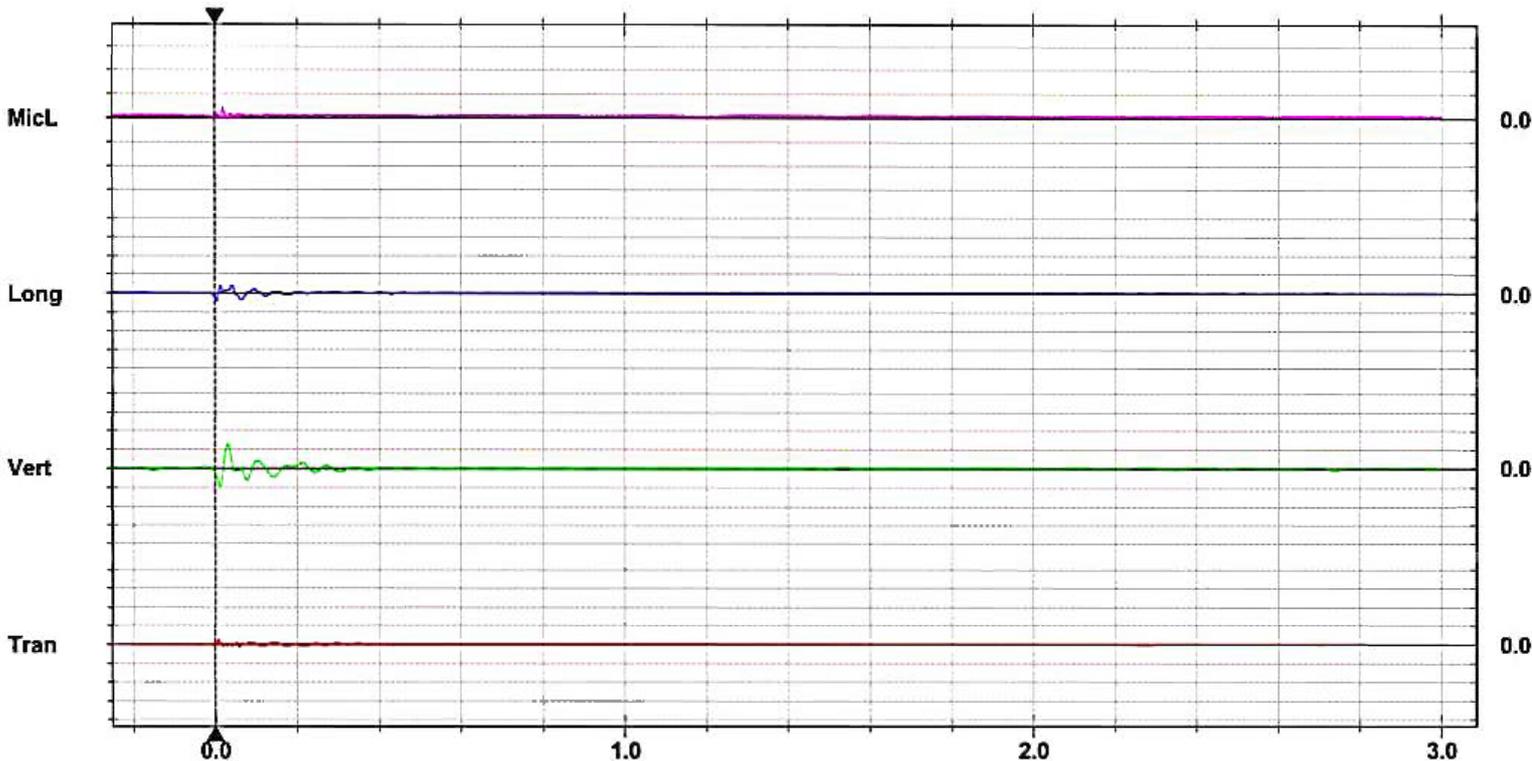
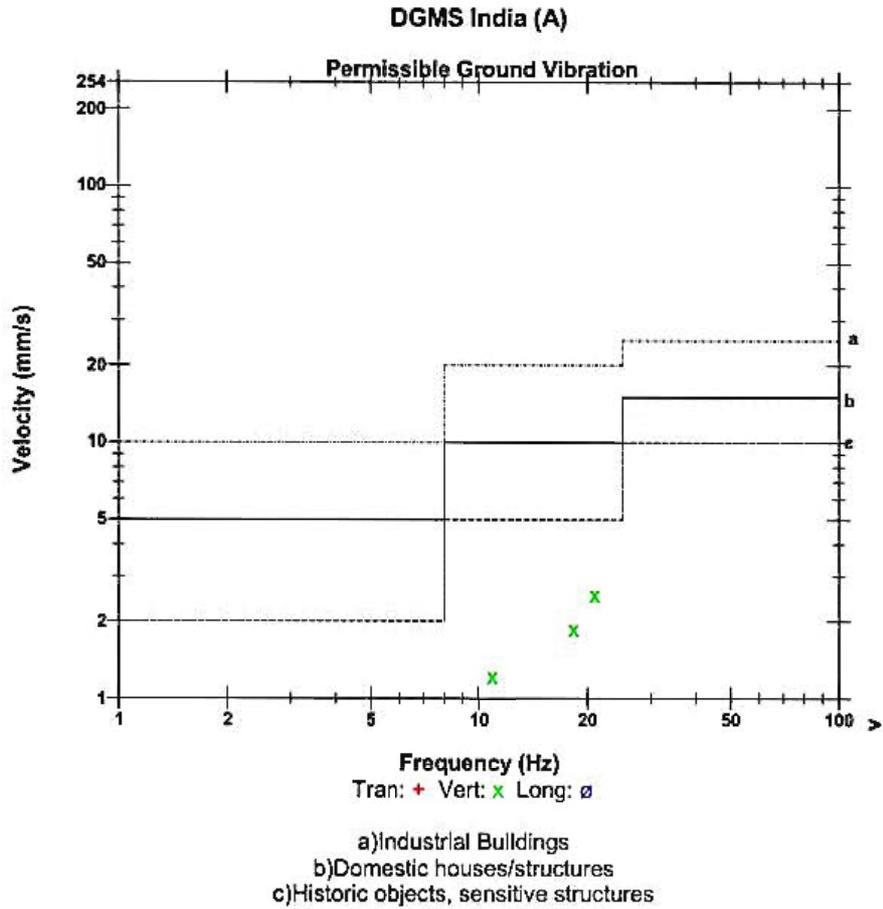
**Serial Number** UM21114 V 10-90GC Micromate ISEE  
**Battery Level** 3.8 Volts  
**Unit Calibration** May 31, 2023 by UES New Delhi  
**File Name** UM21114\_20231207134946.IDFW

**Notes**

**Microphone** Linear Weighting  
**PSPL** <88 dB(L)  
**ZC Freq** 45 Hz  
**Channel Test** Passed (Freq = 20.5 Hz Amp = 1365 mv )

	Tran	Vert	Long	
PPV	0.489	2.546	0.883	mm/s
ZC Freq	34	21	24	Hz
Time (Rel. to Trig)	0.008	0.030	0.004	sec
Peak Acceleration	0.018	0.044	0.026	g
Peak Displacement	0.002	0.019	0.006	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 2.559 mm/s at 0.030 sec  
 N/A: Not Applicable



Time Scale: 0.20 sec/div    Amplitude Scale: Geo: 2.000 mm/s/div    Mic: 1.000 pa.(L)/div  
 Trigger =

Date/Time Vert at 14:03:21 December 11, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231211140321.IDFW

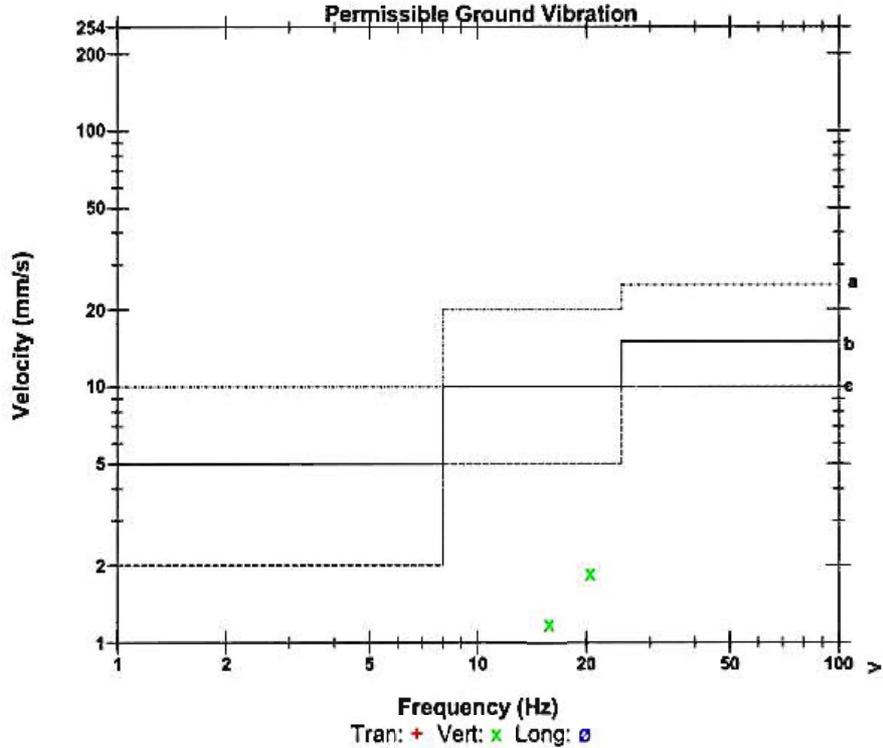
Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 24 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1354 mv)

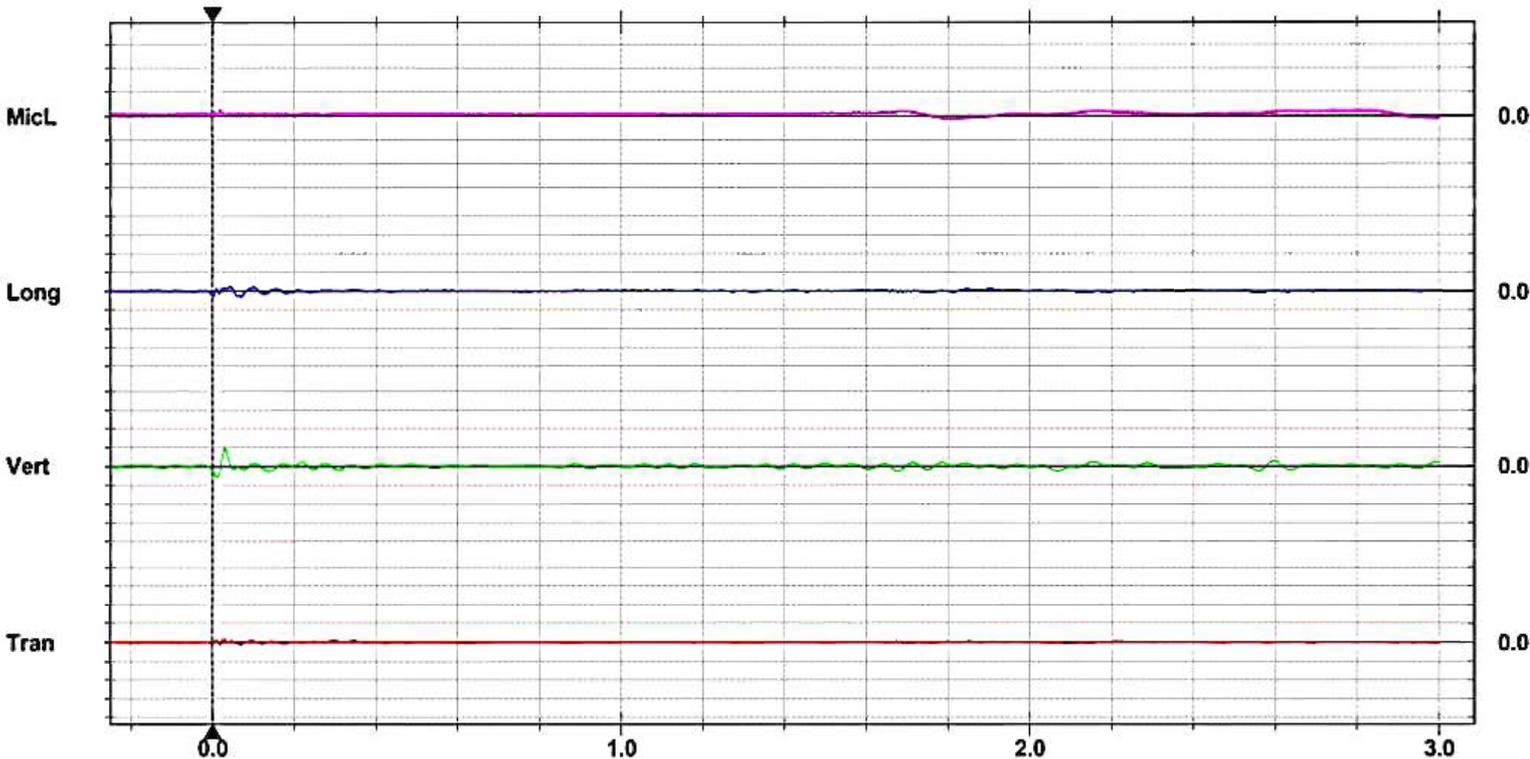
	Tran	Vert	Long	
PPV	0.331	1.868	0.638	mm/s
ZC Freq	37	20	16.8	Hz
Time (Rel. to Trig)	0.027	0.030	0.069	sec
Peak Acceleration	0.012	0.035	0.021	g
Peak Displacement	0.004	0.013	0.006	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 1.915 mm/s at 0.030 sec  
 N/A: Not Applicable

DGMS India (A)



- a) Industrial Buildings
- b) Domestic houses/structures
- c) Historic objects, sensitive structures



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = <img alt="Trigger arrow symbol" style="vertical-align: middle;"/>



Event Report

Date/Time Long at 13:40:02 December 14, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231214134002.IDFW

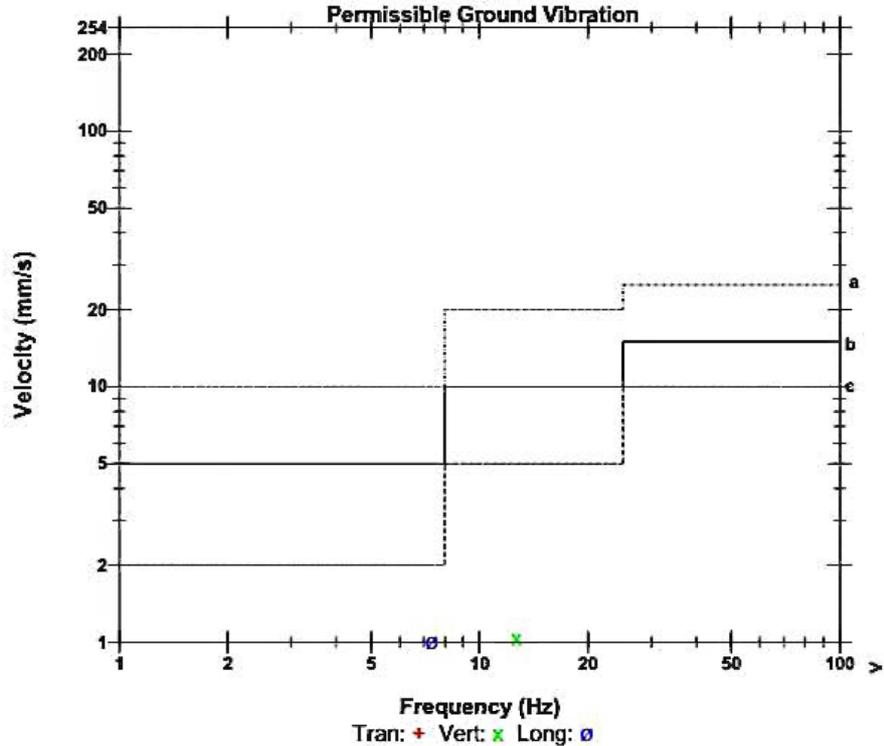
Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 1.8 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1359 mv )

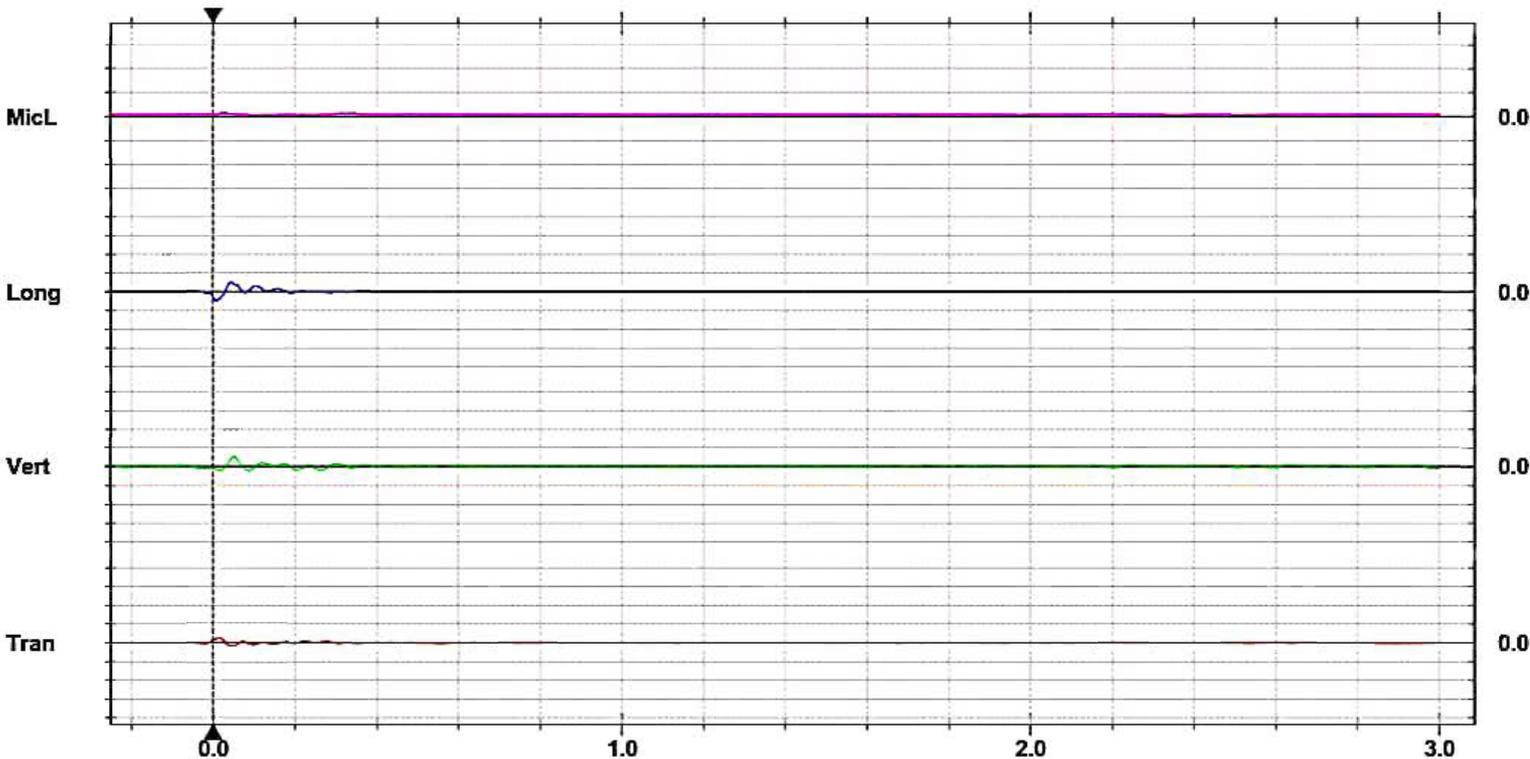
	Tran	Vert	Long	
PPV	0.473	1.033	1.009	mm/s
ZC Freq	12.8	12.6	7.4	Hz
Time (Rel. to Trig)	0.012	0.052	0.008	sec
Peak Acceleration	0.012	0.012	0.015	g
Peak Displacement	0.006	0.012	0.013	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 1.359 mm/s at 0.045 sec  
 N/A: Not Applicable

DGMS India (A)



- a) Industrial Buildings
- b) Domestic houses/structures
- c) Historic objects, sensitive structures



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = > <

Date/Time Long at 13:27:13 December 18, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231218132713.IDFW

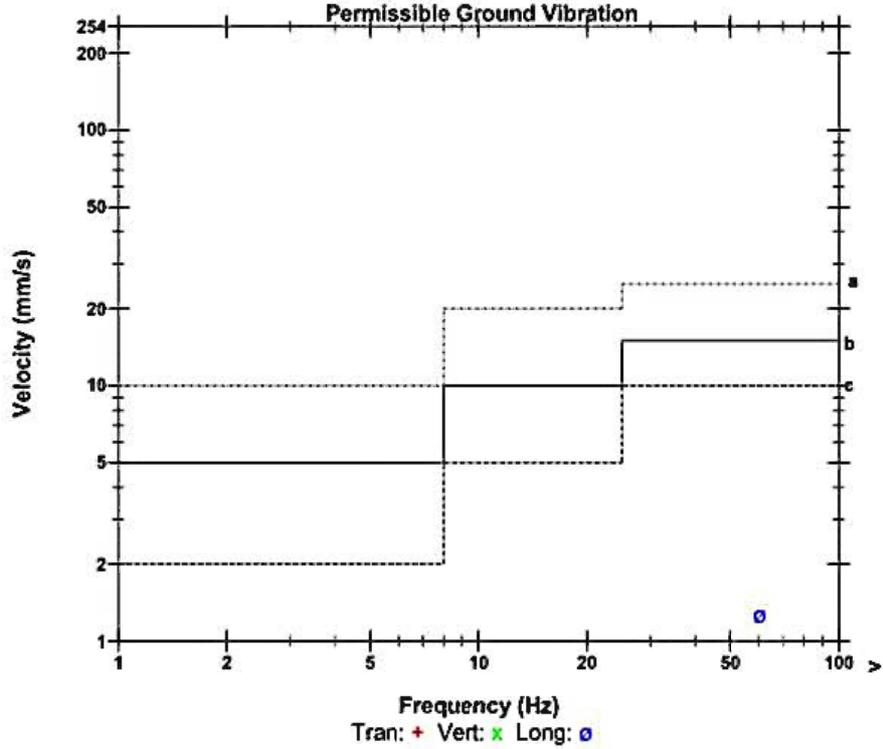
Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 1.3 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1342 mv )

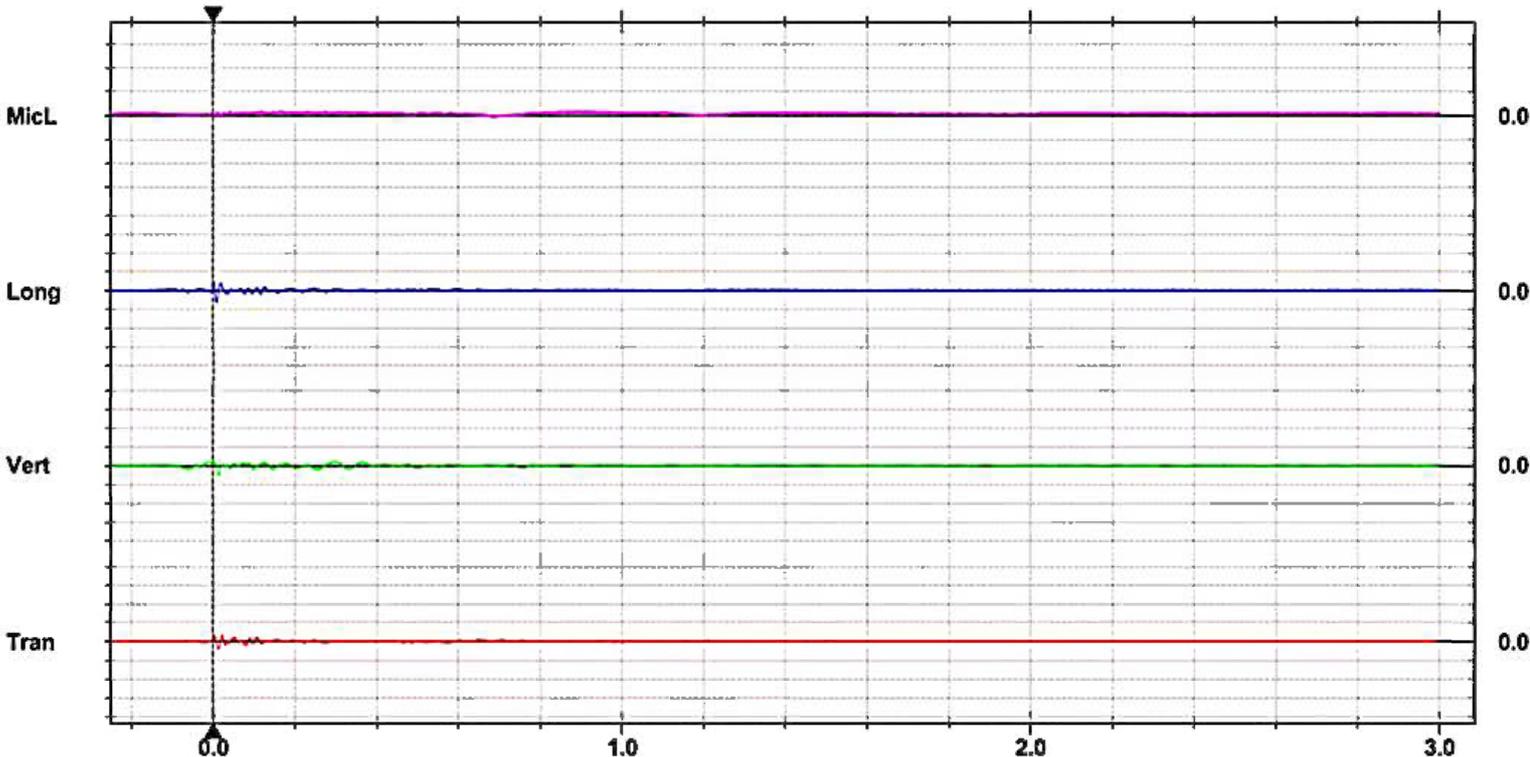
	Tran	Vert	Long	
PPV	0.835	0.993	1.261	mm/s
ZC Freq	49	38	60	Hz
Time (Rel. to Trig)	0.013	0.014	0.009	sec
Peak Acceleration	0.031	0.023	0.046	g
Peak Displacement	0.003	0.006	0.003	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 1.322 mm/s at 0.009 sec  
 N/A: Not Applicable

DGMS India (A)



- a) Industrial Buildings
- b) Domestic houses/structures
- c) Historic objects, sensitive structures



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = >-----<



Event Report

Date/Time Vert at 13:13:46 December 24, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231224131346.IDFW

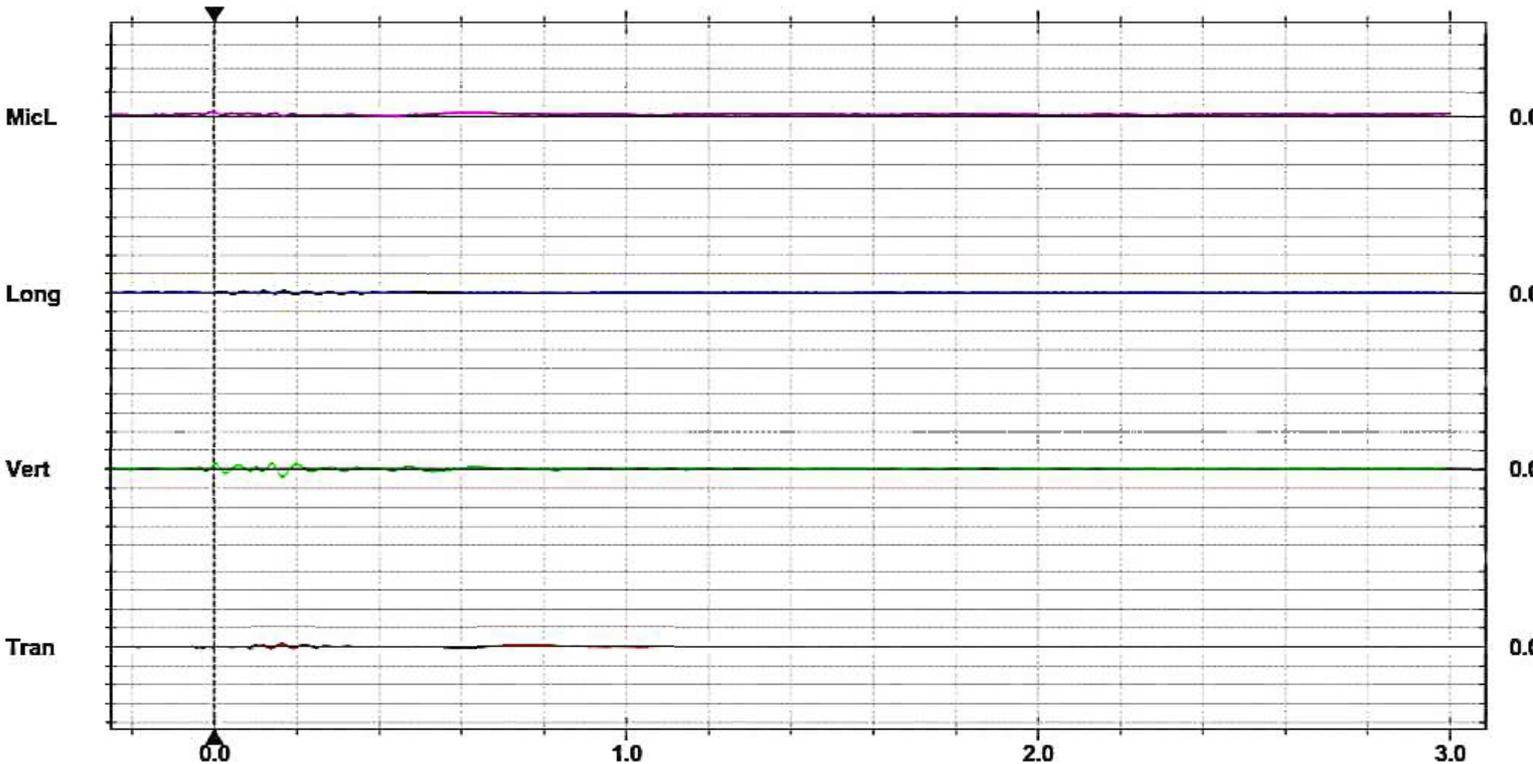
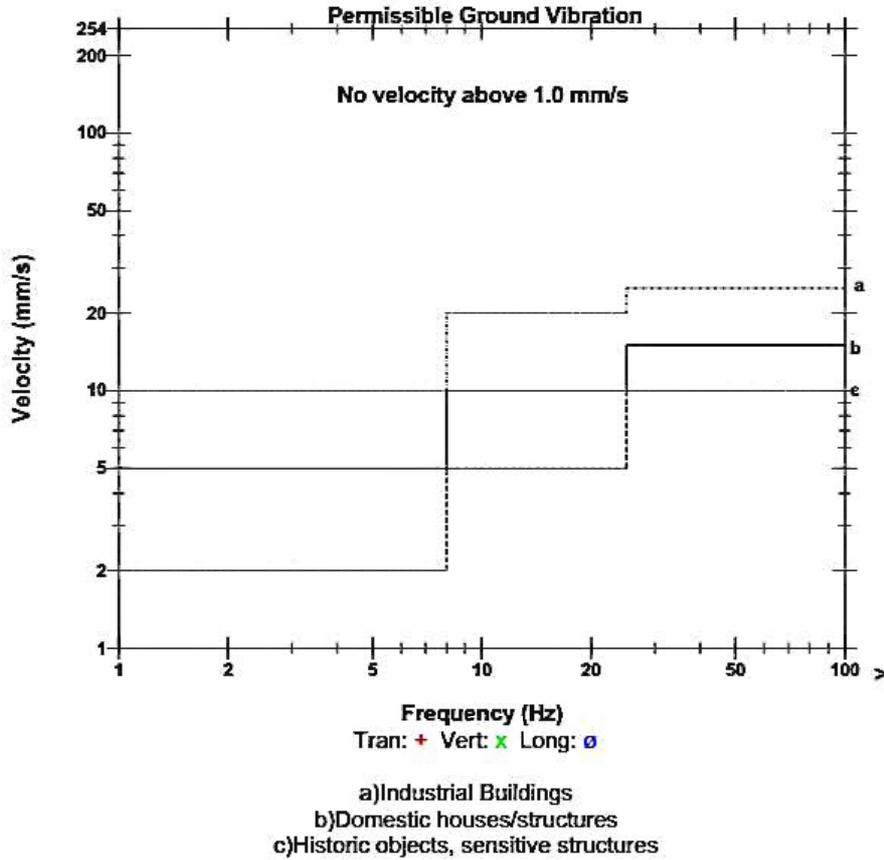
Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 4.3 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1377 mv )

	Tran	Vert	Long	
PPV	0.276	0.828	0.244	mm/s
ZC Freq	18.0	15.5	28	Hz
Time (Rel. to Trig)	0.164	0.165	0.118	sec
Peak Acceleration	0.010	0.013	0.010	g
Peak Displacement	0.005	0.008	0.003	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 0.898 mm/s at 0.166 sec  
 N/A: Not Applicable

DGMS India (A)



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = <math>\leftarrow \rightarrow</math>

Date/Time Long at 14:16:11 December 30, 2023  
 Trigger Source Geo: 0.500 mm/s  
 Range Geo: 254.0 mm/s  
 Record Time 3.0 sec at 2048 sps  
 Operator/Setup: Operator/BAYAL MINES.MMB

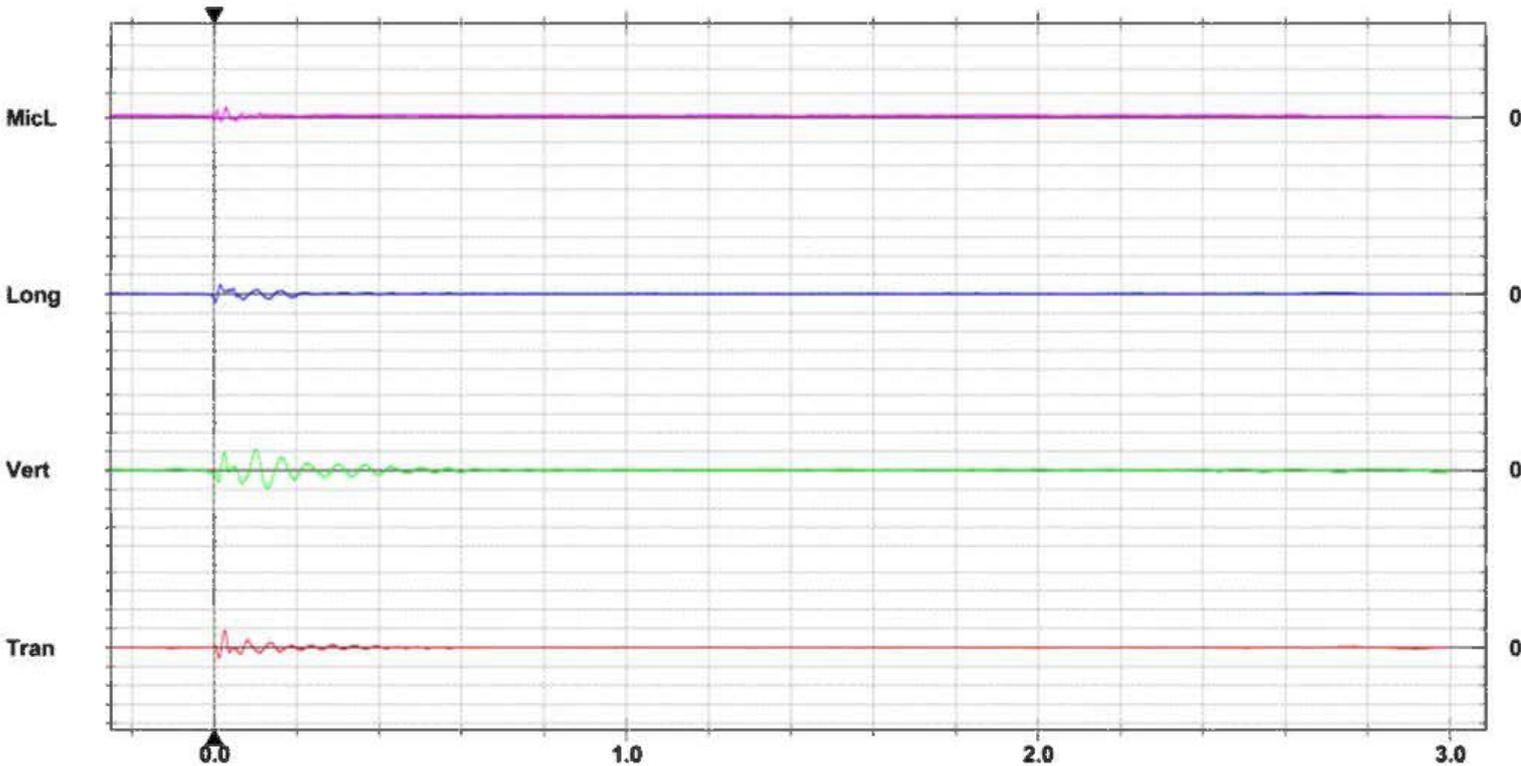
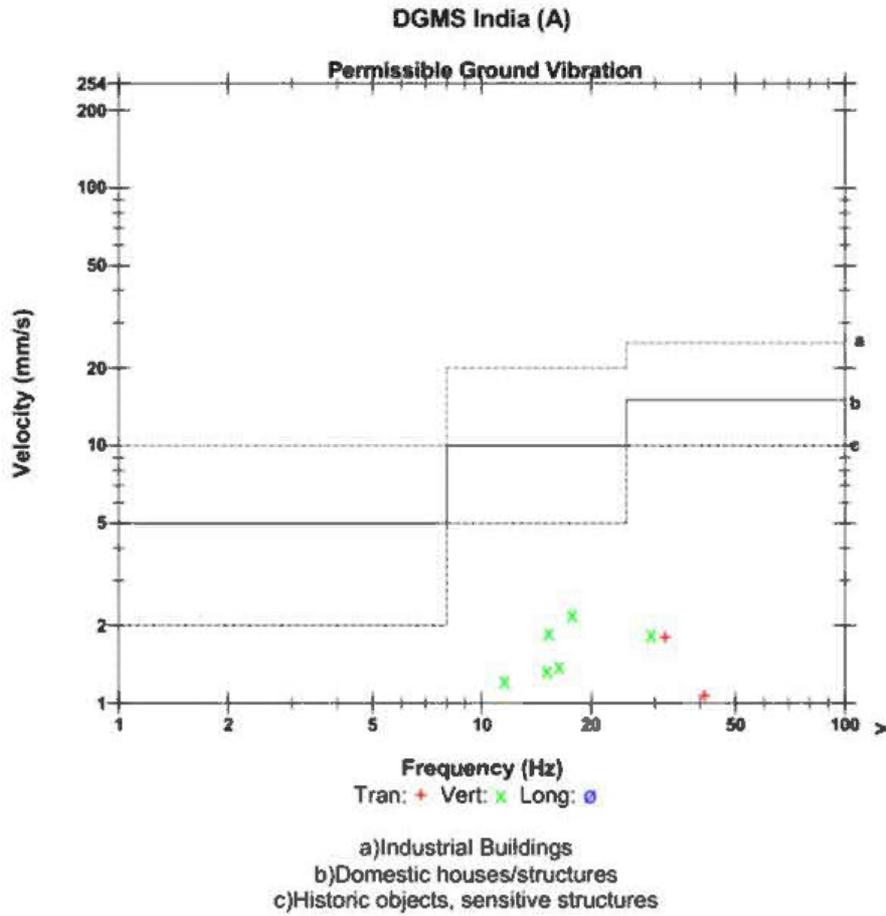
Serial Number UM21114 V 10-90GC Micromate ISEE  
 Battery Level 3.8 Volts  
 Unit Calibration May 31, 2023 by UES New Delhi  
 File Name UM21114\_20231230141611.IDFW

Notes

Microphone Linear Weighting  
 PSPL <88 dB(L)  
 ZC Freq 29 Hz  
 Channel Test Passed (Freq = 20.5 Hz Amp = 1358 mv )

	Tran	Vert	Long	
PPV	1.805	2.191	0.977	mm/s
ZC Freq	32	17.7	11.6	Hz
Time (Rel. to Trig)	0.025	0.102	0.017	sec
Peak Acceleration	0.039	0.038	0.030	g
Peak Displacement	0.009	0.019	0.010	mm
Sensor Check	Passed	Passed	Passed	

Peak Vector Sum 2.581 mm/s at 0.025 sec  
 N/A: Not Applicable



Time Scale: 0.20 sec/div Amplitude Scale: Geo: 2.000 mm/s/div Mic: 1.000 pa.(L)/div  
 Trigger = <math>\blacktriangleleft \blacktriangleright</math>



# 30 ANNEXURE R-6 (COLLY) OVERSEAS TEST HOUSE & RESEARCH CENTRE PVT. LTD.



(An ISO 9001:2015, 14001:2004, OHSAS 18001:2007 Certified & NABL Accredited Laboratory)  
Regd. Address: 501, 5<sup>th</sup> Floor, Apex Tower, Tonk Road, Jaipur-302015,  
Mobile: +91-9460221084, E-mail: [arun.omtc@gmail.com](mailto:arun.omtc@gmail.com)

TC-11004

## SAMPLE DETAILS

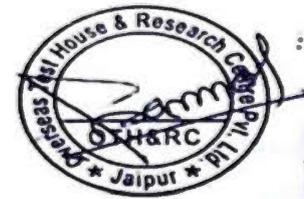
1.	Name & Address of Client - M/S :- <b>Shree Satish Kumar Garg</b> <b>22A Industrial Estate Narnaul Mahendergarh (H.R.)</b>		
2.	Sample ID: <b>014SEP23AS01</b>	3.	Sampling Date: <b>15-20/09/2023</b>
4.	Sampling Duration: <b>24 HOUR</b>	5.	Sample Drawn By: <b>OTHRC Team</b>
6.	Sampling time: <b>Post MONSOON</b>	7.	Test Requirement: <b>PM<sub>10</sub>, PM<sub>2.5</sub>, SO<sub>2</sub> &amp; NO<sub>2</sub></b>
8.	Analysis commenced on: <b>21/09/2023</b>	9.	Analysis Completed on: <b>30/09/2023</b>
10.	Reporting Date: <b>30/09/2023</b>		
11.	<b>Description of Sample:</b>	Sampling Bottles: <b>Sealed</b>	Filter Paper: <b>Packed</b>
12.	<b>Environment Condition:</b>	Temp: <b>20.4<sup>c</sup></b>	Cloud cover: <b>Clear</b>

## TEST RESULTS(Ambient Air Quality Analysis)

s.no	Date of Sampling	Location	PM10 µg/m <sup>3</sup>	PM2.5 µg/m <sup>3</sup>	NO2 µg/m <sup>3</sup>	SO2 µg/m <sup>3</sup>
1.	15-16/09/2023	Project Site	88.52	53.62	34.26	20.34
2.	16-17/09/2023	Golwa Village	82.30	52.34	30.28	18.56
3.	17-18/09/2023	Galgata ki Dhani Village	82.34	49.52	30.24	19.62
4.	18-19/09/2023	Bayal Village	80.34	46.38	28.64	15.24
5.	19-20/09/2023	Rawanton ki Dhani	80.38	42.34	25.48	15.26
<b>Protocol</b>			<b>IS: 5182 (Part 23) 2006</b>	<b>LAB-SOP-068</b>	<b>IS: 5182 (Part 2) 2001</b>	<b>IS: 5182 (Part 6) 2006</b>
<b>National Ambient Air Quality Standard 24 hours</b>						
<b>Industrial, Residential, Rural &amp; other areas</b>			<b>100</b>	<b>60</b>	<b>80</b>	<b>80</b>

Remarks:

Analyst:



Authorized Signatory:

- NOTE : 1) Reports may be reproduced, if required, but only in full and only with written approval of the laboratory.  
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3) All disputes subject to Jaipur Jurisdiction and our liability is limited to invoiced value only.



Lab Address: Plot.No-09, Shubhash Colony, kalwar Road, Jhotwara, Jaipur – 302012,  
E-mail: [overseastesthouse@gmail.com](mailto:overseastesthouse@gmail.com)



**PHOTOGRAPHS SHOWING AMBIENT AIR MONITORING LOCATION**





# 32 ANNEXURE R-7(COLLY) OVERSEAS TEST HOUSE & RESEARCH CENTRE PVT. LTD.



(An ISO 9001:2015, 14001:2004, OHSAS 18001:2007 Certified & NABL Accredited Laboratory)  
Regd. Address: 501, 5<sup>th</sup> Floor, Apex Tower, Tonk Road, Jaipur-302015,  
Mobile: +91-9460221084, E-mail: [arun.omtc@gmail.com](mailto:arun.omtc@gmail.com)

TC-11004

## TEST REPORT

1.	Name & Address of Client: <b>M/S :- Shree Satish Kumar Garg</b> <b>22A Industrial Estate Narnaul Mahendergarh (H.R.)</b>		
2.	Sample ID; <b>014SEP23SW01</b>	3.	Reporting Date : <b>30.09.2023</b>
4.	<b>LOCATION: - Pond Near Golwa Village</b>		
5.	Sampling Date : <b>21/09/2023</b>	6.	SAMPLE DRAWN BY: <b>OTH&amp;RC TEAM</b>
7.	Analysis Commenced Date: <b>22/09/2023</b>	8.	Analysis completed on: <b>30/09/2023</b>
9.	Sample Category: <b>Surface Water</b>	10.	Packing Condition & Quantity: <b>Packed bottle &amp; 3 Ltr.</b>

### TEST RESULTS WATER REPORT

S. No.	Parameters	Unit (SI)	Results	Specification/ SPCB Norms/BIS Standards	Permissible Limit in the absence of alternate source	Method Used
1.	pH		7.72	6.5-8.5	-	APHA: 4500-H+ B 23 <sup>rd</sup> Edition
2.	Conductivity	mS/m	74.0	--	-	APHA: 2510 B. 23 <sup>rd</sup> Edition
3.	Turbidity	NTU	<1.0	1	10	APHA: 2130-B Nephelometric Method 23 <sup>rd</sup> Edition
4.	Colour	Pt-Co	<5.0	5	_25	APHA: 2120-b Visual Comparison Method 23 <sup>rd</sup> Edition
5.	COD	mg/l	26.0	--	-	APHA: 5220 B 23 <sup>rd</sup> Edition
6.	BOD	mg/l	12.0	-	-	APHA, 5210 C / IS 3025,P-44
7.	Total Dissolved Solids	mg/l	464	500	2000	APHA: 2540 C 23 <sup>rd</sup> Edition
8.	Total Suspended solids	mg/l	112.0			APHA: 2540 C 23 <sup>rd</sup> Edition
9.	Dissolved Oxygen (D.O)	mg/l	6.4	--	-	APHA: 4500 O-C 23 <sup>rd</sup> Edition
10.	Alkalinity	mg/l	152.0	200	600	APHA: 2320 B Alkalinity 23 <sup>rd</sup> Edition

Analyst:

Authorized Signatory:

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Regd. Address: 501, 5<sup>th</sup> Floor, Apex Tower, Tonk Road, Jaipur-302015,Mobile: +91-9460221084, E-mail: [arun.omtc@gmail.com](mailto:arun.omtc@gmail.com)

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S.No.	Parameters	Unit (SI)	Results	Specification/ SPCB Norms/BIS Standards	Permissible Limit in the absence of alternate source	Method Used
11.	Chloride	mg/l	88.0	250	1000	APHA: 4500-Cl-B 23 <sup>rd</sup> Edition
12.	Sulphate	mg/l	64.52	200	400	APHA: 4500-SO <sup>4</sup> E 23 <sup>rd</sup> Edition
13.	Fluoride	mg/l	0.66	1.0	1.5	APHA: 4500-F·D 23 <sup>rd</sup> Edition
14.	Sodium	mg/l	28.8	--	-	APHA: 3500-Na B 23 <sup>rd</sup> Edition
15.	Potassium	mg/l	20.6	--	-	APHA: 3500-K B 23 <sup>rd</sup> Edition
16.	Total Hardness	mg/l	248	200	-	APHA: 2340 C 23 <sup>rd</sup> Edition
17.	Ca. Hardness	mg/l	178.0	--	-	APHA: 3500-Ca B 23 <sup>rd</sup> Edition
18.	Calcium as Ca	mg/l	72.34	75	200	APHA: 3500-Ca B 23 <sup>rd</sup> Edition
19.	Mg. Hardness	mg/l	78.0	--	-	APHA: 3500-Mg B 23 <sup>rd</sup> Edition
20.	Magnesium as Mg	mg/l	18.62	30	100	APHA: 3500 - Mg B 23 <sup>d</sup> Edition
21.	Amm. Nitrogen	mg/l	0.46	--	-	IS 3025 (PP 34) 1988 (RA 2014)
22.	Nitrate	mg/l	5.62	45	100	IS 3025 (Part 34) (3) 1988 (RA 2014)
23.	Phosphate	mg/l	0.52	--	-	APHA: 4500-PC 23 <sup>rd</sup> Edition
24.	Cadmium	mg/l	<0.1	0.003	0.01	APHA: 3111 B 23 <sup>rd</sup> Edition
25.	Copper	mg/l	0.32	0.05	1.5	APHA: 3111 B 23 <sup>rd</sup> Edition
26.	Iron	mg/l	0.40	0.3	1.0	APHA: 3500 Fe-B 23 <sup>rd</sup> Edition
27.	Lead	mg/l	<0.10	0.01	-	APHA: 3111 B 23 <sup>rd</sup> Edition
28.	Manganease	mg/l	<0.03	0.1	0.3	APHA: 3111 B 23 <sup>rd</sup> Edition
29.	Zinc	mg/l	0.32	5	15.0	APHA: 3111 B 23 <sup>rd</sup> Edition

Analyst:

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 3) All disputes subject to Jaipur Jurisdiction and our liability is limited to invoiced value only.



## TEST REPORT

1.	Name & Address of Client: <b>M/S :- Shree Satish Kumar Garg</b> <b>22A Industrial Estate Narnaul Mahendergarh (H.R.)</b>		
2.	Sample ID; <b>014SEP23WA01</b>	3.	Reporting Date : <b>30/09/2023</b>
4.	<b>Location: - Golwa -Village</b>		
5.	Sampling Date : <b>20/09/2023</b>	6.	SAMPLE DRAWN BY: <b>OTH&amp;RC TEAM</b>
7.	Analysis Commenced Date: <b>22/09/2023</b>	8.	Analysis completed on: <b>30/09/2023</b>
9.	Sample Category: <b>Ground Water</b>	10.	Packing Condition & Quantity: <b>Packed bottle &amp; 3 Ltr.</b>

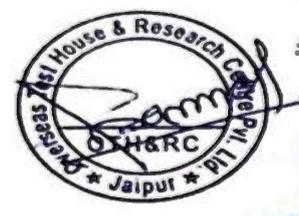
### TEST RESULTS

#### WATER REPORT

S. No.	Parameters	Unit (SI)	Results	Specification/ SPCB Norms/BIS Standards	Permissible Limit in the absence of alternate source	Method Used
1.	<b>pH</b>		7.64	6.5-8.5	-	APHA: 4500-H <sup>+</sup> B 23 <sup>rd</sup> Edition
2.	<b>Conductivity</b>	mS/m	74.0	--	-	APHA: 2510 B. 23 <sup>rd</sup> Edition
3.	<b>Turbidity</b>	NTU	<1.0	1	10	APHA: 2130-B Nephelometric Method 23 <sup>rd</sup> Edition
4.	<b>Colour</b>	Pt-Co	<5.0	5	25	APHA: 2120-b Visual Comparison Method 23 <sup>rd</sup> Edition
5.	<b>COD</b>	mg/l	-	--	-	APHA: 5220 B 23 <sup>rd</sup> Edition
6.	<b>Total Dissolved Solids</b>	mg/l	520.0	500	2000	APHA: 2540 C 23 <sup>rd</sup> Edition
7.	<b>Dissolved Oxygen (D.O)</b>	mg/l	-	--	-	APHA: 4500 O-C 23 <sup>rd</sup> Edition
8.	<b>Alkalinity</b>	mg/l	142.0	200	600	APHA: 2320 B Alkalinity 23 <sup>rd</sup> Edition
9.	<b>Chloride</b>	mg/l	62.34	250	1000	APHA: 4500-Cl-B 23 <sup>rd</sup> Edition

Remarks:

Analyst:



Authorized Signatory:

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TC-11004

S. No.	Parameters	Unit (SI)	Results	Specification/ SPCB Norms/BIS Standards	Permissible Limit in the absence of alternate source	Method Used
10.	Sulphate	mg/l	43.62	200	400	APHA: 4500-SO <sup>4</sup> E 23 <sup>rd</sup> Edition
11.	Fluoride	mg/l	0.68	1.0	1.5	APHA: 4500-F-D 23 <sup>rd</sup> Edition
12.	Sodium	mg/l	26.0	--	-	APHA: 3500-Na B 23 <sup>rd</sup> Edition
13.	Potassium	mg/l	17.4	--	-	APHA: 3500-K B 23 <sup>rd</sup> Edition
14.	Total Hardness	mg/l	220.0	200	-	APHA: 2340 C 23 <sup>rd</sup> Edition
15.	Ca. Hardness	mg/l	170.0	--	-	APHA: 3500-Ca B 23 <sup>rd</sup> Edition
16.	Calcium as Ca	mg/l	68.14	75	200	APHA: 3500-Ca B 23 <sup>rd</sup> Edition
17.	Mg. Hardness	mg/l	50.0	--	-	APHA: 3500-Mg B 23 <sup>rd</sup> Edition
18.	Magnesium as Mg	mg/l	12.18	30	100	APHA: 3500 - Mg B 23 <sup>d</sup> Edition
19.	Amm. Nitrogen	mg/l	0.56	--	-	IS 3025 (PP 34) 1988 (RA 2014)
20.	Nitrate	mg/l	0.64	45	100	IS 3025 (Part 34) (3) 1988 (RA 2014)
21.	Phosphate	mg/l	1.82	--	-	APHA: 4500-PC 23 <sup>rd</sup> Edition
22.	Cadmium	mg/l	<0.1	0.003	0.01	APHA: 3111 B 23 <sup>rd</sup> Edition
23.	Copper	mg/l	<0.03	0.05	1.5	APHA: 3111 B 23 <sup>rd</sup> Edition
24.	Iron	mg/l	0.46	0.3	1.0	APHA: 3500 Fe-B 23 <sup>rd</sup> Edition
25.	Lead	mg/l	<0.19	0.01	-	APHA: 3111 B 23 <sup>rd</sup> Edition
26.	Manganese	mg/l	<0.03	0.1	0.3	APHA: 3111 B 23 <sup>rd</sup> Edition
27.	Zinc	mg/l	<0.06	5	15.0	APHA: 3111 B 23 <sup>rd</sup> Edition

Remarks:

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Mobile: +91-9460221084, E-mail: [arun.omtc@gmail.com](mailto:arun.omtc@gmail.com)

TC-11004

## TEST REPORT

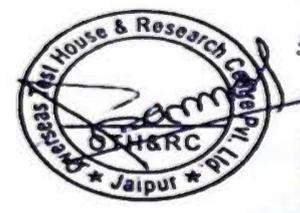
1.	Name & Address of Client: <b>M/S :- Shree Satish Kumar Garg</b> <b>22A Industrial Estate Narnaul Mahendergarh (H.R.)</b>		
2.	Sample ID; <b>014SEP23WA02</b>	3.	Reporting Date : <b>30/09/2023</b>
4.	<b>Location: - Village-Bayal</b>		
5.	Sampling Date : <b>20/09/2023</b>	6.	SAMPLE DRAWN BY: <b>OTH&amp;RC TEAM</b>
7.	Analysis Commenced Date: <b>21/09/2023</b>	8.	Analysis completed on: <b>30/09/2023</b>
9.	Sample Category: <b>Ground Water</b>	10.	Packing Condition & Quantity: <b>Packed bottle &amp; 3 Ltr.</b>

### TEST RESULTS WATER REPORT

<u>S. No.</u>	<u>Parameters</u>	<u>Unit (SI)</u>	<u>Results</u>	<u>Specification/ SPCB Norms/BIS Standards</u>	<u>Permissible Limit in the absence of alternate source</u>	<u>Method Used</u>
1.	<b>pH</b>		7.62	6.5-8.5	-	APHA: 4500-H+ B 23 <sup>rd</sup> Edition
2.	<b>Conductivity</b>	mS/m	68.0	--	-	APHA: 2510 B. 23 <sup>rd</sup> Edition
3.	<b>Turbidity</b>	NTU	<1.0	1	10	APHA: 2130-B Nephelometric Method 23 <sup>rd</sup> Edition
4.	<b>Colour</b>	Pt-Co	<5.0	5	25	APHA: 2120-b Visual Comparison Method 23 <sup>rd</sup> Edition
5.	<b>COD</b>	mg/l	-	--	-	APHA: 5220 B 23 <sup>rd</sup> Edition
6.	<b>Total Dissolved Solids</b>	mg/l	390.0	500	2000	APHA: 2540 C 23 <sup>rd</sup> Edition
7.	<b>Dissolved Oxygen (D.O)</b>	mg/l	-	--	-	APHA: 4500 O-C 23 <sup>rd</sup> Edition
8.	<b>Alkalinity</b>	mg/l	162.0	200	600	APHA: 2320 B Alkalinity 23 <sup>rd</sup> Edition

Remarks:

Analyst:



Authorized Signatory:

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TC-11004

S. No.	Parameters	Unit (SI)	Results	Specification/ SPCB Norms/BIS Standards	Permissible Limit in the absence of alternate source	Method Used
9.	Chloride	mg/l	72.0.	250	1000	APHA: 4500-Cl-B 23 <sup>rd</sup> Edition
10.	Sulphate	mg/l	44.62	200	400	APHA: 4500-SO <sup>4</sup> E 23 <sup>rd</sup> Edition
11.	Fluoride	mg/l	0.58	1.0	1.5	APHA: 4500-F-D 23 <sup>rd</sup> Edition
12.	Sodium	mg/l	22.4	--	-	APHA: 3500-Na B 23 <sup>rd</sup> Edition
13.	Potassium	mg/l	12.8	--	-	APHA: 3500-K B 23 <sup>rd</sup> Edition
14.	Total Hardness	mg/l	190.0	200	-	APHA: 2340 C 23 <sup>rd</sup> Edition
15.	Ca. Hardness	mg/l	162.0	--	-	APHA: 3500-Ca B 23 <sup>rd</sup> Edition
16.	Calcium as Ca	mg/l	64.92	75	200	APHA: 3500-Ca B 23 <sup>rd</sup> Edition
17.	Mg. Hardness	mg/l	28.0	--	-	APHA: 3500-Mg B 23 <sup>rd</sup> Edition
18.	Magnesium as Mg	mg/l	6.82	30	100	APHA: 3500 - Mg B 23 <sup>rd</sup> Edition
19.	Amm. Nitrogen	mg/l	0.66	--	-	IS 3025 (PP 34) 1988 (RA 2014)
20.	Nitrate	mg/l	1.28	45	100	IS 3025 (Part 34) (3) 1988 (RA 2014)
21.	Phosphate	mg/l	0.64	--	-	APHA: 4500-PC 23 <sup>rd</sup> Edition
22.	Cadmium	mg/l	<0.1	0.003	0.01	APHA: 3111 B 23 <sup>rd</sup> Edition
23.	Copper	mg/l	<0.03	0.05	1.5	APHA: 3111 B 23 <sup>rd</sup> Edition
24.	Iron	mg/l	0.42	0.3	1.0	APHA: 3500 Fe-B 23 <sup>rd</sup> Edition
25.	Lead	mg/l	<0.19	0.01	-	APHA: 3111 B 23 <sup>rd</sup> Edition
26.	Manganese	mg/l	<0.03	0.1	0.3	APHA: 3111 B 23 <sup>rd</sup> Edition
27.	Zinc	mg/l	0.64	5	15.0	APHA: 3111 B 23 <sup>rd</sup> Edition

## Remarks:

Analyst:

Authorized Signatory:

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 Mobile: +91-9460221084, E-mail: [arun.omtc@gmail.com](mailto:arun.omtc@gmail.com)

TC-11004

### SAMPLE DETAILS

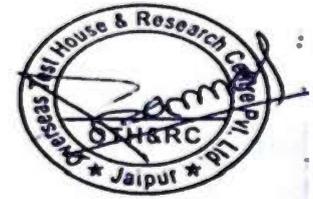
1.	Name & Address of Client: <b>M/S :- Shree Satish Kumar Garg</b> <b>22A Industrial Estate Narnaul Mahendergarh (H.R.)</b>		
2.	Sample ID: <b>014SEP23NS01</b>	6.	Reporting Date : <b>30/09/2023</b>
3.	Location : <b>Nr. Mine Site, &amp; Near By Village</b>		
5.	Monitoring Date: <b>15-20/09/2023</b>	4.	Season: <b>POSTMONSOON</b>
7.	Instrument Used: <b>Sound Level Meter</b>	8.	Instrument Calibration Status: <b>Calibrated</b>
9.	Meteorological condition during monitoring: <b>Clear Sky</b>	10.	Sample Collected By: <b>OTHRC Team</b>
11.	Category of Area: : <b>Industrial Area</b>	12.	Sampling Duration: <b>24 Hours</b>
13.	Surrounding Activity: <b>Human &amp; Vehicular Activites</b>	14.	Sampling & Analysis Protocol: <b>CPCB Guidelines/IS 9989</b>

### Test report (Ambient Noise)

S.no.	Date of Sampling	LOCATION	EQUIVALENT NOISE LEVEL (6:00 AM TO 10:00 P.M)	EQUIVALENT NOISE LEVEL (10:00 PM TO 6:00 A.M)
			Result(dB(A))	Result(dB(A))
1.	15-16/09/2023	Project Site	72.6	64.8
2.	16-17/09/2023	Golwa Village	54.8	42.2
3	17-18/09/2023	Galgata ki Dhani	54.2	44.8
4	18-19/09/2023	Dhaukhera Village	54.4	44.6
5	19-20/09/2023	Rawanton ki Dhani	53.8	43.8

Requirement (as CPCB Guidelines Limit in dB(A) Leq

Category of Area/Zone	Day Time	Night Time
A. Industrial Area	75	70
B. Commercial Area	65	55
C. Residential Area	55	45
D. Silence Zone	50	40



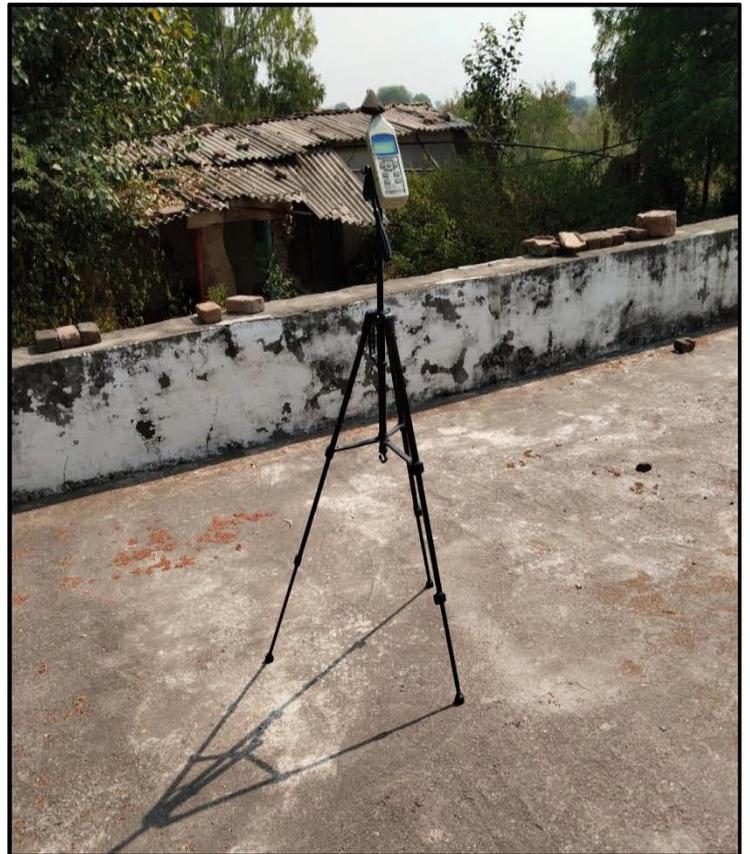
**Analyst:**

**Authorized Signatory:**

- NOTE : 1) Reports may be reproduced, if required, but only in full and only with written approval of the laboratory.  
 2) Re analysis of sample will be done, if requested within 7 days from the date of Reporting of sample if the samples are not consumed during analysis.  
 3) All disputes subject to Jaipur Jurisdiction and our liability is limited to invoiced value only.



**PHOTOGRAPHS SHOWING NOISE MONITORING  
LOCATION**



**SATISH KUMAR GARG MINES LEASE OWNER**

Village: - Bayal, Teh- Nangal Chaudhary.  
Office: A-22, Industrial Area Narnaul- 123001

सेवा में,

श्रीमान वन राजिक अधिकारी,  
वन विभाग,  
नारनौल।

विषय:- ग्राम बायल की मार्बल माईन्स लीज क्षेत्र में पौधे लगाने वास्ते नियमानुसार पेड़ देने बारे निवेदन।

श्रीमान जी,

निवेदन है कि ग्राम बायल के खसरा नं. 212 की लीज खनन हेतु अलॉट की हुई है। मैं अपने लीज एरिया में पौधा रोपण करना चाहता हूँ। सोहि मुझे वन विभाग के नियमानुसार छायादार एवं फलदार 250 पेड़ देने की कृपा करे। ताकि लीज क्षेत्र को हरा-भरा बनाकर पर्यावरण की रक्षा की जा सके। उपरोक्त पेड़ो वास्ते आपके विभाग के नियमानुसार फीस देने को तैयार हूँ। आपकी अति कृपा होगी।

धन्यवाद।

दिनांक: 30.06.2023

निवेदक

*Satish Kumar*

सतीश कुमार गर्ग  
मार्बल माईन्स लीज बायल  
नारनौल, जिला महेन्द्रगढ़

*Recd*  
30/6/23

Village: - Bayal, Teh- Nangal Chaudhary.  
Office: A-22, Industrial Area Narnaul- 123001

सेवा में,  
श्रीमान वन राजिक अधिकारी,  
वन विभाग,  
नारनौल।

विषय:- ग्राम बायल की मार्बल माईन्स लीज क्षेत्र में पौधे लगाने वास्ते नियमानुसार पेड़ देने बारे निवेदन।

श्रीमान जी,

निवेदन है कि ग्राम बायल के खसरा नं. 212 की लीज खनन हेतु अलॉट की हुई है। मैं अपने लीज एरिया में पौधा रोपण करना चाहता हूं। सोहि मुझे वन विभाग के नियमानुसार छायादार एवं फलदार 250 पेड़ देने की कृपा करे। ताकि लीज क्षेत्र को हरा-भरा बनाकर पर्यावरण की रक्षा की जा सके। उपरोक्त पेड़ो वास्ते आपके विभाग के नियमानुसार फीस देने को तैयार हूं। आपकी अति कृपा होगी।

धन्यवाद।

दिनांक: 21.06.2021

निवेदक

*Satish Kumar*

सतीश कुमार गर्ग  
मार्बल माईन्स लीज बायल  
नारनौल, जिला महेन्द्रगढ़

*Recd*  
*GR*  
*21-6*

**SATISH KUMAR GARG MARBLE MINES LEASE OWNER**

Village: - Bayal, Teh- Narnaul

Office: A-22, Industrial Area Narnaul- 123001

सेवा में,

श्रीमान वन राजिक अधिकारी,  
वन विभाग,  
नारनौल।

विषय:— ग्राम बायल मार्बल माईन्स लीज पर पौधा रोपण हेतु पेड़ लेने बाबत।

श्रीमान जी,

निवेदन है कि ग्राम बायल के खसरा नं. 212 की लीज मार्बल खनिज के खनन हेतु अलॉट की हुई है। मैं अपने लीज एरिया में पौधा रोपण करना चाहता हूँ। सोहि मुझे वन विभाग के नियमानुसार छायादार एवं फलदार 250 पेड़ देने की कृपा करे। ताकि लीज क्षेत्र को हरा-भरा बनाकर पर्यावरण की रक्षा की जा सके। उपरोक्त पेड़ो वास्ते आपके विभाग के नियमानुसार फीस देने को तैयार हूँ। आपकी अति कृपा होगी।

धन्यवाद।

दिनांक: 26.06.2020

Received  
26/06/2020  
R.F.D  
MAIL

प्रार्थी

Satish Kumar

सतीश कुमार गर्ग  
मार्बल माईन्स लीज बायल  
तह.नारनौल, जिला महेन्द्रगढ़

Village: - Bayal, Teh- Nangal Chaudhary.

Office: A-22, Industrial Area Narnaul- 123001

सेवा में,

श्रीमान वन राजिक अधिकारी,  
वन विभाग,  
नारनौल।

विषय:- ग्राम बायल की मार्बल माईन्स लीज क्षेत्र में पौधे लगाने वास्ते नियमानुसार पेड़ देने बारे निवेदन।

श्रीमान जी,

निवेदन है कि ग्राम बायल के खसरा नं. 212 की लीज खनन हेतु अलॉट की हुई है। मैं अपने लीज एरिया में पौधा रोपण करना चाहता हूँ। सोहि मुझे वन विभाग के नियमानुसार छायादार एवं फलदार 250 पेड़ देने की कृपा करे। ताकि लीज क्षेत्र को हरा-भरा बनाकर पर्यावरण की रक्षा की जा सके। उपरोक्त पेड़ो वास्ते आपके विभाग के नियमानुसार फीस देने को तैयार हूँ। आपकी अति कृपा होगी।

धन्यवाद।

दिनांक: 21.06.2022

निवेदक

*Satish Kumar*

सतीश कुमार गर्ग  
मार्बल माईन्स लीज बायल  
नारनौल, जिला महेन्द्रगढ़

Received

*Dup*  
21/06/22



























## FORM 'O'

(See rules 29-F (2) and 29-L)

## Report of Medical Examination under Rule 29-B

(To be issued in triplicate)

Certificate No. 8542/19-6-23

Certified that Shri/Smt. \* Bahadur Singh employed as operator in ..... mine,  
Form B. No. 5 has been examined for an initial/periodical medical examination. He/she appears to be 33 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Bahadur Singh

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



Signature of the Examining authority

Senior Medical Officer

P.H.C Chillro

M/Garb (Hry.)

DR. PANKAJ

(Name and Designation in Block Letters)

MEDICAL OFFICAR H.N. 1572

Place: Bayal PHC Chillro

Date: 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability). Annexure to Certificate No. .... As a result of medical examination on... 19.06.2023

Identification Mark... A Mole on Chest



Left thumb impression of the candidate.

- 1. General development : Good/Fair/Poor
2. Height : 5.9 cms.
3. Weight : 59 Kg.

- 4. Eyes
(i) Visual acuity—Distant vision (with/without glass). Right eye... 6/6 Left eye... 6/6
(ii) Any organic disease of eyes
(iii) Night blindness.
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

- 5. Ears :-
(i) Hearing — Right ear..... Left ear.....
(ii) Any organic disease.....

- 6. Respiratory system (Chest measurement) :-
(i) After full inspiration ..... 89 cms.
(ii) After full expiration ..... 84 cms.

- 7. Circulatory system :-
(i) Blood pressure. 120/82 (ii) Pulse... 80 b/m

- 8. Abdomen :-
Tenderness..... Liver.....
Spleen..... Tumor.....

- 9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health.....

- 10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-

- 15. Urine :-
Reaction... N.I.L.... Albumin... N.I.L.... Sugar... N.I.L....

- 16. Skiagram of chest :-
17. Any other test considered necessary by the examining authority.
18. Any opinion of specialist considered necessary.

Place: P.H.C Chillro

Senior Medical Officer P.H.C Chillro M/Garb (Hry)

Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	✓	✓
Additional Sound	None	
<b>Electrocardiograph (12 Leads Findings)</b>	Normal ✓	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:-**

Senior Medical Officer  
P.H.C Chillro  
M/Garb (Hry.)

Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8541/19-6-23

Certified that Shri/Smt. \* Imman Khan employed as operator in ..... mine,  
Form B. No. 35 has been examined for an initial/periodical medical examination. He/she appears to be 32 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Imman Khan

(a) \* Is medically fit for any employment in mines.

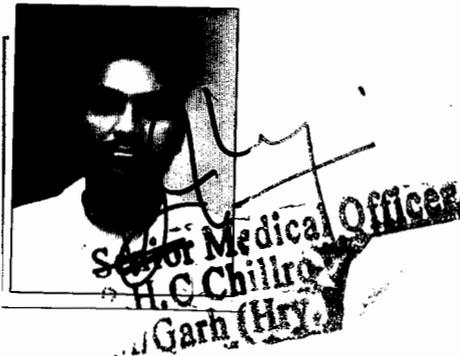
(b) \* Is suffering from ..... and is medically unfit for

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of ..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



*[Handwritten Signature]*  
Signature of the Examining authority  
**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garh (Hry.)** **DR. PANKAJ**  
(Name and Designation in Block Letters)  
**MEDICAL OFFICAR H.N.15723**

Place : Buzurg PHC ChillroDate : 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No. .... As a result of medical examination on .....

Identification Mark... A cut mark on face at Right side [Maxillary prosthesis]



Left thumb impression of the candidate.

1. General development : Good/Fair/Poor
2. Height : ..... cms. 5' 6" feet
3. Weight : ..... 65 ..... Kg.

4. Eyes
(i) Visual acuity—Distant vision (with/without glass).
Right eye... 6/6 ..... Left eye... 6/6 .....
(ii) Any organic disease of eyes
(iii) Night blindness.
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

5. Ears :-
(i) Hearing — Right ear..... Left ear.....
(ii) Any organic disease..... ] NAD

6. Respiratory system (Chest measurement) :-
(i) After full inspiration ... 95 ... cms.
(ii) After full expiration ... 90 ... cms.

7. Circulatory system :-
(i) Blood pressure. 122/76 (ii) Pulse... 94 b/m

8. Abdomen :-
Tenderness..... Liver.....
Spleen..... Tumor..... ] NAD

9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health..... normal

10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :-

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

16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority.
18. Any opinion of specialist considered necessary. NO

Signature of Senior Medical Officer P.H.C Chillro M/Garh (Hry.)

Place: P.H.C Chillro

Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	normal
<b>Electrocardiograph (12 Leads Findings)</b>	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

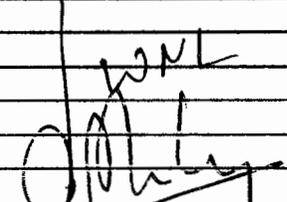
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
**Senior Medical Officer**  
**F.H.C Chhillro**  
**M/Garb (Hry)**  
 Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8543/19-6-23

Certified that Shri/Smt.\* Ram Lakhan Yadav employed as Helper in ..... mine,  
 Form B. No. 43 has been examined for an initial/periodical medical examination. He/she appears to be 20 years of  
 age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt.\* Ram Lakhan Yadav

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
 within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
 \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
 his duties during this period.



Signature of the Examining authority

Senior Medical Officer

P.H.C Chillro

(Name and Designation in Block Letters)

M/Garb (Hry.) DR. PANKAJ  
MEDICAL OFFICAR H.N.15723Place: Royal PHC ChillroDate: 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

**Form 'O' Contd.**  
**(Report of the examining authority)**

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).  
Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark..... *A mole on forehead (left lateral)*



Left thumb impression of the candidate.

1. General development : *Good/Fair/Poor*
2. Height : ..... cms. *5'4" feet*
3. Weight : ..... Kg. *55*
4. Eyes
  - (i) Visual acuity—Distant vision (with/without glass).  
Right eye... *6/6* Left eye... *6/6*
  - (ii) Any organic disease of eyes
  - (iii) Night blindness. *NAD*
  - (iv) Color blindness.
  - (v) Squint. (\*To be tested in special cases)
5. Ears :-
  - (i) Hearing — Right ear..... Left ear..... *NAD*
  - (ii) Any organic disease.....
6. Respiratory system (Chest measurement) :-
  - (i) After full inspiration ..... cms. *85*
  - (ii) After full expiration ..... cms. *80*
7. Circulatory system :-
  - (i) Blood pressure... *118/84* (ii) Pulse... *92 bpm*
8. Abdomen :-
 

Tenderness.....	Liver.....	<i>NAD</i>
Spleen.....	Tumor.....	
9. Nervous system :-
 

History of fits or epilepsy.....	Paralysis.....	Mental health..... <i>Normal</i>
----------------------------------	----------------	----------------------------------
10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :-
 

Reaction... <i>NIL</i>	Albumin... <i>NIL</i>	Sugar... <i>NIL</i>
------------------------	-----------------------	---------------------
16. Skiagram of chest :- *NAD*
17. Any other test considered necessary by the examining authority. *None*
18. Any opinion of specialist considered necessary. *No*

Place: *P.H.C. Chilro*

  
**Senior Medical Officer**  
**P.H.C Chilro**  
**M/Garh (Hry.)**  
 Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
Additional Sound	✓	None
<b>Electrocardiograph (12 Leads Findings)</b>	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

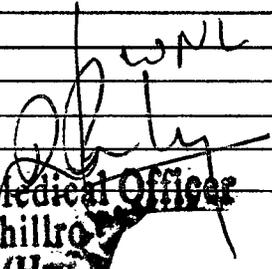
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
**P.H.C Chilro**  
**M/Garh (Hvy)**

Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8547/19-6-23

Certified that Shri/Smt. \* Ashok Kumar employed as Munsi (supervisor) mine,  
 Form B. No. 25 has been examined for an initial/periodical medical examination. He/she appears to be 37 years of  
 age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Ashok Kumar(a) \*  Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
 within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
 \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
 his duties during this period.



Medical Officer  
 P.H.C. Chillro  
 M/Garh (Hry.)

Signature of the Examining authority

**Senior Medical Officer****P.H.C. Chillro****M/Garh (Hry.) DR. PANKAJ**  
(Name and Designation in Block Letters)**MEDICAL OFFICER H.N.15723**

Place :

Bawal (PHC) Chillro

Date :

19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability). Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark..... A scar on left knee.

Left thumb impression of the candidate.

1. General development : Good/Fair/Poor
2. Height : 5'4" feet
3. Weight : 64 Kg.

4. Eyes
(i) Visual acuity—Distant vision (with/without glass).
Right eye... 6/6 Left eye... 6/6
(ii) Any organic disease of eyes
(iii) Night blindness.
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

5. Ears :-
(i) Hearing — Right ear..... Left ear..... ] NAD
(ii) Any organic disease..... ] NAD

6. Respiratory system (Chest measurement) :-
(i) After full inspiration ... 9.5 cms.
(ii) After full expiration ... 9.0 cms.

7. Circulatory system :-
(i) Blood pressure. 122/86 mmHg (ii) Pulse... 62 bpm

8. Abdomen :-
Tenderness..... Liver..... ] NAD
Spleen..... Tumor..... ] NAD

9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health..... Normal

10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :- ] NAD

15. Urine :-
Reaction... Nil Albumin... Nil Sugar... Nil

16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority. - Normal

18. Any opinion of specialist considered necessary. No

Place: Pmc chillo

Signature of the examining authority
[Signature]
[Stamp]

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	Normal
<b>Electrocardiograph (12 Leads Findings)</b>	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

**Senior Medical Officer**  
**P.H.C Chillra**  
**M/Garh (Hry.)**  
Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

( To be issued in triplicate)

Certificate No. 8545/19-6-23

Certified that Shri/Smt. \* Wajraj Singh employed as Mining mate in ..... mine,  
Form B. No. 27 has been examined for an initial/periodical medical examination. He/she appears to be 52 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Wajraj Singh

(a) \* Is medically fit for any employment in mines.

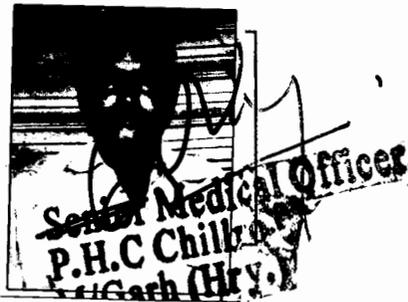
(b) \* Is suffering from ..... and is medically unfit for

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



*[Signature]*  
Signature of the Examining authority  
~~Senior Medical Officer~~  
P.H.C Chillro  
M/Garh (Hry.) DR. PANKAJ  
(Name and Designation in Block Letters)  
MEDICAL OFFICER H.N.15723

Place : Bogal P.H.C Chillro  
Date : 19.6.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability). Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark..... Scar on near Right eye orbit



Left thumb impression of the candidate.

- 1. General development : Good/Fair/Poor
2. Height : 5'6" feet
3. Weight : 50 Kg
4. Eyes

- (i) Visual acuity—Distant vision (with/without glass). Right eye... 6/6 Left eye... 6/6
(ii) Any organic disease of eyes
(iii) Night blindness
(iv) Color blindness
(v) Squint. (\*To be tested in special cases)

- 5. Ears :- (i) Hearing — Right ear..... Left ear..... ] NAD
(ii) Any organic disease..... ] NAD

- 6. Respiratory system (Chest measurement) :- (i) After full inspiration ... 104 cm
(ii) After full expiration ... 96 cm

- 7. Circulatory system :- (i) Blood pressure... 112/82 mmHg (ii) Pulse... 98 b/m

- 8. Abdomen :- Tenderness..... Liver..... ] NAD
Spleen..... Tumor..... ] NAD

- 9. Nervous system :- History of fits or epilepsy..... Paralysis..... Mental health..... normal

- 10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :- ] NAD

- 15. Urine :- Reaction... NIL Albumin... NIL Sugar... NIL

- 16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority. normal
18. Any opinion of specialist considered necessary. NO

Senior Medical Officer P.H.C Chillro M/Garh (Hry.) Signature of the examining authority

Place: P.H.C Chillro

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	Normal
Electrocardiograph (12 Leads Findings)	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

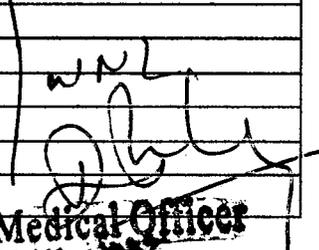
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garb (Hry.)**  
 Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8540/19-6-23

Certified that Shri/Smt. \* Manish Kumar employed as Helper in ..... mine,  
 Form B. No. 44... has been examined for an initial/periodical medical examination. He/she appears to be 20 years of  
 age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Manish Kumar (a) \* Is medically fit for any employment in mines.

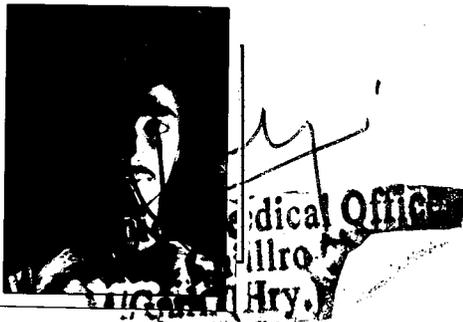
(b) \* Is suffering from..... and is medically unfit for

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
 within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
 \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
 his duties during this period.



*[Handwritten Signature]*  
 Signature of the Examining authority  
 Senior Medical Officer  
 H.C Chillo  
 M/Garb (Hry.) DR. PANKAJ  
 (Name and Designation in Block Letters)  
 MEDICAL OFFICER H.N. 15723

Place : Bajal PHC ChilloDate : 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd.

(Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark. Healed scab mark and ~~the thumb~~

Left thumb impression of the candidate.

1. General development : Good/Fair/Poor ✓  
2. Height : ..... cms. 5'6" feet  
3. Weight : 52 Kg.

4. Eyes  
(i) Visual acuity—Distant vision (with/without glass).  
Right eye... 6/6 Left eye... 6/6  
(ii) Any organic disease of eyes  
(iii) Night blindness. ] NAD  
(iv) Color blindness.  
(v) Squint. (\*To be tested in special cases)

5. Ears :-  
(i) Hearing — Right ear..... Left ear..... ] NAD  
(ii) Any organic disease.....

6. Respiratory system (Chest measurement) :-  
(i) After full inspiration ... 23 cms.  
(ii) After full expiration ... 18 cms.

7. Circulatory system :-  
(i) Blood pressure... 130/80 (ii) Pulse... 90b/m

8. Abdomen :-  
Tenderness..... Liver..... ] NAD  
Spleen..... Tumor.....

9. Nervous system :-  
History of fits or epilepsy..... Paralysis..... Mental health..... normal

10. Locomotors system :-  
11. Skin :-  
12. Hernia :- ] NAD  
13. Hydrocele :-  
14. Any other abnormality :-

15. Urine :-  
Reaction... NIL Albumin... NIL Sugar... NIL

16. Skiagram of chest :- NAD  
17. Any other test considered necessary by the examining authority. normal  
18. Any opinion of specialist considered necessary. no

Senior Medical Officer  
P.H.C Chilra  
M/Garb (Hry.)

Place: P.H.C Chilra

Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/ FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	Normal
Electrocardiograph (12 Leads Findings)	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

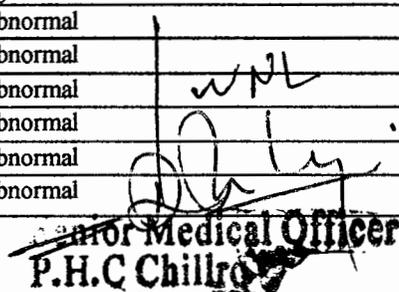
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
**Senior Medical Officer**  
**P.H.C Chillo**  
**M/Gadh (HST)**  
 Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8544/19-6-23

Certified that Shri/Smt. \* Sandeep Kumar employed as operator in ..... mine,  
Form B. No. 40... has been examined for an initial/periodical medical examination. He/she appears to be 27 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Sandeep Kumar

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



Medical Officer  
P.H.C Chillro  
M/Garb (Hry.)

Signature of the Examining authority

Senior Medical OfficerP.H.C ChillroDR. PANKAJ  
(Name and Designation in Block Letters)MEDICAL OFFICERH.N. 15723

Place :

Bajal PHC Chillro

Date :

19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd.

(Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No. .... As a result of medical examination on .....

Identification Mark... A cut <sup>mark</sup> on left leg in toe of left leg



Left thumb impression of the candidate.

- 1. General development : Good/Fair/Poor
- 2. Height : ..... cms. 5'10" feet
- 3. Weight : 80 ..... Kg.

- 4. Eyes
  - (i) Visual acuity—Distant vision (with/without glass).  
Right eye... 6/6 ..... Left eye... 6/6 .....
  - (ii) Any organic disease of eyes
  - (iii) Night blindness. NAD
  - (iv) Color blindness.
  - (v) Squint. (\*To be tested in special cases)

- 5. Ears :-
  - (i) Hearing — Right ear..... Left ear.....
  - (ii) Any organic disease..... ] NAD

- 6. Respiratory system (Chest measurement) :-
  - (i) After full inspiration ... 96 cms.
  - (ii) After full expiration ... 92 cms.

- 7. Circulatory system :-
  - (i) Blood pressure. 122/90 mm Hg (ii) Pulse. 96 b/m

- 8. Abdomen :-
  - Tenderness..... Liver..... ] NAD
  - Spleen..... Tumor.....

- 9. Nervous system :-
  - History of fits or epilepsy..... Paralysis..... Mental health..... normal

- 10. Locomotors system :-
- 11. Skin :- ] NAD
- 12. Hernia :-
- 13. Hydrocele :-
- 14. Any other abnormality :-

- 15. Urine :-
  - Reaction... NIL Albumin... NIL Sugar... NIL

- 16. Skiagram of chest :- NAD
- 17. Any other test considered necessary by the examining authority. normal
- 18. Any opinion of specialist considered necessary. no

Signature of the examining authority  
 Senior Medical Officer  
 P.H.C Chillro  
 M/Garh (Hry.)

Place: P.H.C Chillro

Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	✓	✓
Additional Sound		Normal
Electrocardiograph (12 Leads Findings)	Normal ✓	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

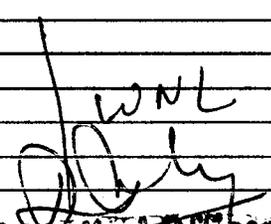
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garh (Hry.)**  
 Signature of the Examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8536/19-6-23

Certified that Shri/Smt. \* Ramdhin Singh employed as Supervisor in ..... mine,  
Form B. No. 17 has been examined for an initial/periodical medical examination. He/she appears to be 47 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Ramdhin Singh

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of ..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



Signature of the Examining authority

DR. PANKAJ

(Name and Designation in Block Letters)

MEDICAL OFFICERH.N. 15723

Place :

PHIL CHILRO

Date :

19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd.

(Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark..... Scar on the face just below Lt eye (medial aspect)  
(inf. roof orbit)

Left thumb impression of the candidate.



1. General development : Good/Fair/Poor ✓  
2. Height : ..... cms. 5'8" just  
3. Weight : 90 Kg.

4. Eyes  
(i) Visual acuity—Distant vision (with/without glass)  
Right eye..... 6/6 Left eye..... 6/6  
(ii) Any organic disease of eyes  
(iii) Night blindness  
(iv) Color blindness  
(v) Squint. (\*To be tested in special cases)

5. Ears :-  
(i) Hearing — Right ear..... Left ear.....  
(ii) Any organic disease.....

6. Respiratory system (Chest measurement) :-  
(i) After full inspiration ..... cms. 105 cm  
(ii) After full expiration ..... cms. 97 cm

7. Circulatory system :-  
(i) Blood pressure. 116/85 mm Hg (ii) Pulse..... 86 bpm

8. Abdomen :-  
Tenderness..... Liver.....  
Spleen..... Tumor.....

9. Nervous system :-  
History of fits or epilepsy..... Paralysis..... Mental health..... None

10. Locomotors system :-  
11. Skin :-  
12. Hernia :-  
13. Hydrocele :-  
14. Any other abnormality :-

15. Urine :-  
Reaction..... Nil Albumin..... Nil Sugar..... Nil

16. Skiagram of chest :-  
17. Any other test considered necessary by the examining authority. None  
18. Any opinion of specialist considered necessary. No

Place: PAL CHILRO

Signature of the examining authority  
[Signature]  
Senior Medical Officer  
P. C. Chilro  
Palash (Hry.)

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	
Electrocardiograph (12 Leads Findings)	Normal ✓	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

Signature of the examining authority with seal

*[Handwritten Signature]*  
[Seal]

## FORM 'O'

(See rules 29-F (2) and 29-L)

## Report of Medical Examination under Rule 29-B

(To be issued in triplicate)

Certificate No. .... 8534/19/6/23

Certified that Shri/Smt.\* Jitender Kumar employed as operator in Bajal mabelle mine,  
 Form B. No. 31... has been examined for an initial/periodical medical examination. He/she appears to be 32 years of  
 age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt.\* Jitender Kumar

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
 within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
 \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
 his duties during this period.



Medical Officer

M/Garb (Hry)

Signature of the Examining authority

Senior Medical Officer

P.H.C Chillro

(Name and Designation in Block Letters)

MEDICAL OFFICER M. 15723

Place :

Bajal PHC Chillro

Date :

19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

**Form 'O' Contd.**  
**(Report of the examining authority)**

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).  
Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark.....

Left thumb impression of the candidate.

1. General development. : Good/Fair/Poor ✓
2. Height : ..... cms. 5'5" Feet
3. Weight : 70 Kg.
4. Eyes
- (i) Visual acuity—Distant vision (with/without glass).  
Right eye..... 6/6 ..... Left eye..... 6/6 .....
- (ii) Any organic disease of eyes
- (iii) Night blindness. | NAD
- (iv) Color blindness.
- (v) Squint. (\*To be tested in special cases)
5. Ears :-
- (i) Hearing — Right ear..... Left ear..... ] NAD
- (ii) Any organic disease.....
6. Respiratory system (Chest measurement) :-
- (i) After full inspiration ..... 92 ..... cms.
- (ii) After full expiration ..... 85 ..... cms.
7. Circulatory system :-
- (i) Blood pressure... 112/84 ..... (ii) Pulse... 80b/w
8. Abdomen :-
- Tenderness..... Liver..... ] NAD
- Spleen..... Tumor.....
9. Nervous system :-
- History of fits or epilepsy..... Paralysis..... Mental health..... normal
10. Locomotors system :-
11. Skin :-
12. Hernia :- | NAD
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :-
- Reaction..... NIL ..... Albumin..... NIL ..... Sugar..... NIL .....
16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority. normal
18. Any opinion of specialist considered necessary. NO

Place: ...P.H.C. Chillro

Signature of the examining authority

  
 Senior Medical Officer  
 P.H.C. Chillro  
 M/Garb (Hry)

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:- 8534/19/6/23

Name:- SITENDE KUMAR

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1 ✓	S2 ✓
	Additional Sound	Normal
Electrocardiograph (12 Leads Findings)	Normal ✓	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

Senior Medical Officer  
P.H.C Chhloro  
M/Garb (Hry)

Signature of the examining authority with seal

## FORM 'O'

(See rules 29-F (2) and 29-L)

## Report of Medical Examination under Rule 29-B

(To be issued in triplicate)

Certificate No. 8539/19-6-23

Certified that Shri/Smt. \* Pardip Pal employed as Operator in ..... mine,  
 Form B. No. 42 has been examined for an initial/periodical medical examination. He/she appears to be 27 years of  
 age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Pardip Pal

(a) \* Is medically fit for any employment in mines.

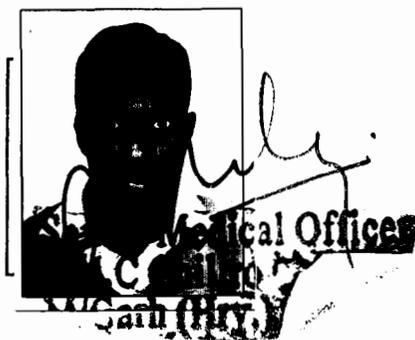
(b) \* Is suffering from..... and is medically unfit for

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
 within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
 \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
 his duties during this period.



Signature of the Examining authority  
P.H.C Chillro  
M/Garb (Hry.)  
 DR. PANKAJ  
 (Name and Designation in Block Letters)  
 MEDICAL OFFICAR H.N.15723

Place : Bajaj PHC ChillroDate : 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability). Annexure to Certificate No. .... As a result of medical examination on .....

Identification Mark... A mole on Right hand palm



Left thumb impression of the candidate.

1. General development. : Good/Fair/Poor
2. Height : .....cms. 5'2" feet
3. Weight : 45 Kg

4. Eyes
(i) Visual acuity—Distant vision (with/without glass).
Right eye... 6/6 Left eye... 6/6
(ii) Any organic disease of eyes
(iii) Night blindness.
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

5. Ears :-
(i) Hearing — Right ear..... Left ear..... ] NAD
(ii) Any organic disease..... ] NAD

6. Respiratory system (Chest measurement) :-
(i) After full inspiration ... 83 cms.
(ii) After full expiration ... 78 cms.

7. Circulatory system :-
(i) Blood pressure... 116/76 (ii) Pulse... 82 b/m

8. Abdomen :-
Tenderness..... Liver..... ] NAD
Spleen..... Tumor..... ] NAD

9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health..... normal

10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :- ] NAD

15. Urine :-
Reaction... NIL Albumin... NIL Sugar... NIL

16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority. normal

18. Any opinion of specialist considered necessary. NO

Signature of the examining authority
Senior Medical Officer
P.H.C. Chillro
M/Garb (Hvy)

Place: P.H.C. Chillro

Signature of the examining authority



**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

( To be issued in triplicate)

Certificate No. 8538/19-6-23

Certified that Shri/Smt. \* Khusi Ram employed as Driver in ..... mine, Form B. No. 41 ... has been examined for an initial/periodical medical examination. He/she appears to be 34 years of age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Khusi Ram .....

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined within a period of ..... months. \*He/she will appear for re-examination with the result of test of ..... \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on his duties during this period.



**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garb (Hry.)**

*[Handwritten Signature]*  
Signature of the Examining authority

**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garb (Hry.)** DR. PANKAJ

**MEDICAL OFFICAR H.N.15723**

Place : Boyal PHC Chillro

Date : 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

**Form 'O' Contd.**  
**(Report of the examining authority)**

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).  
Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark.....

**Left thumb impression of the candidate.**

1. General development. : Good/Fair/Poor
2. Height : .....cms.
3. Weight : .....Kg.
4. Eyes
  - (i) Visual acuity—Distant vision (with/without glass).  
Right eye.....6/6..... Left eye.....6/6.....
  - (ii) Any organic disease of eyes
  - (iii) Night blindness.
  - (iv) Color blindness.
  - (v) Squint. (\*To be tested in special cases)
5. Ears :-
  - (i) Hearing — Right ear..... Left ear.....
  - (ii) Any organic disease.....
6. Respiratory system (Chest measurement) :-
  - (i) After full inspiration .....85 cms.
  - (ii) After full expiration .....81 cms.
7. Circulatory system :-
  - (i) Blood pressure...118/76 (ii) Pulse...82.6/4
8. Abdomen :-
 

Tenderness.....	Liver.....	] NAD
Spleen.....	Tumor.....	
9. Nervous system :-
 

History of fits or epilepsy.....	Paralysis.....	Mental health.....	<u>normal</u>
----------------------------------	----------------	--------------------	---------------
10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :-
 

Reaction... <u>NIL</u>	Albumin... <u>NIL</u>	Sugar... <u>NIL</u>
------------------------	-----------------------	---------------------
16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority. normal
18. Any opinion of specialist considered necessary. No

Place: ...P.H.C. Chillro...

  
 Senior Medical Officer  
 P.H.C Chillro  
 M/Garh (Hry.)  
 Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/ FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	Normal
<b>Electrocardiograph (12 Leads Findings)</b>	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

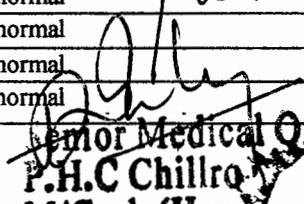
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garb (Hry.)**  
 Signature of the examining authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 8546/19-6-23

Certified that Shri/Smt. \* Krishan Kumar Soni employed as Supervisor in ..... mine,  
Form B. No. 32 has been examined for an initial/periodical medical examination. He/she appears to be 49 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Krishan Kumar Soni

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



Signature of the Examining authority

19/06/2023  
F.H.C Chillro  
M/Garb (Hry.) DR. PANKAJ

(Name and Designation in Block Letters)

MEDICAL OFFICER

H.N. 15723

Place: F.H.C ChillroDate: 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd.
(Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).
Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark... Fourth toe on the left foot short
Healed scar mark on lateral aspect of Lt. leg.



1. General development. : Good/Fair/Poor
2. Height : .....cms. 5'6" feet
3. Weight : .....Kg. 76

4. Eyes
(i) Visual acuity—Distant vision (with/without glass).
Right eye.....6/6..... Left eye.....6/6.....
(ii) Any organic disease of eyes
(iii) Night blindness. | NAD
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

5. Ears :-
(i) Hearing — Right ear..... Left ear..... | NAD
(ii) Any organic disease.....

6. Respiratory system (Chest measurement) :-
(i) After full inspiration... 24... cms.
(ii) After full expiration... 20... cms.

7. Circulatory system :-
(i) Blood pressure... 120/70 mmHg (ii) Pulse... 86 b/m

8. Abdomen :-
Tenderness..... Liver..... | NAD
Spleen..... Tumor.....

9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health..... none

10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :- | NAD

15. Urine :-
Reaction..... Nil Albumin..... Nil Sugar..... Nil

16. Skiagram of chest :-
17. Any other test considered necessary by the examining authority.
18. Any opinion of specialist considered necessary. No

Normal [Signature]
Senior Medical Officer
P.H.C Chikla
M/Garb (Hry)

Place: PHC Chikla

Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	Normal
Electrocardiograph (12 Leads Findings)	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

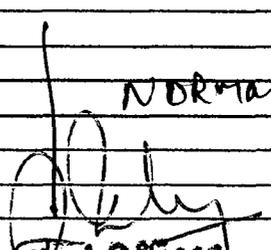
**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

  
 Senior Medical Officer  
 H.C. Chillro  
 M/Garh (Hry.)  
 Signature of the examining authority with seal

## FORM 'O'

(See rules 29-F (2) and 29-L)

## Report of Medical Examination under Rule 29-B

(To be issued in triplicate)

Certificate No. 8537/19-6-23

Certified that Shri/Smt. \* Shiv Shankar Yadav employed as operator in ..... mine,  
Form B. No. 39... has been examined for an initial/periodical medical examination. He/she appears to be 31 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Shiv Shankar Yadav

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



Medical Officer  
P.H.C. Chhillro  
M/Gam (H.C.)

Signature of the Examining authority

Senior Medical Officer  
P.H.C. Chhillro  
M/Gam (H.C.)

DR. PANKAJ  
(Name and Designation in Block Letters)

MEDICAL OFFICAR H.N. 15723

Place :

Boyal PHC Chhillro

Date :

19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

**Form 'O' Contd.**  
**(Report of the examining authority)**

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).  
Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark.....

**Left thumb impression of the candidate.**

1. General development. : Good/Fair/Poor *Good*
2. Height : ..... cms. *5'5"*
3. Weight : ..... Kg. *58*
4. Eyes
  - (i) Visual acuity—Distant vision (with/without glass).  
Right eye..... *6/6* Left eye..... *6/6*
  - (ii) Any organic disease of eyes
  - (iii) Night blindness. | *NAD*
  - (iv) Color blindness.
  - (v) Squint. (\*To be tested in special cases)
5. Ears :-
  - (i) Hearing — Right ear..... Left ear..... *NAD*
  - (ii) Any organic disease.....
6. Respiratory system (Chest measurement) :-
  - (i) After full inspiration ..... *84* cms.
  - (ii) After full expiration ..... *80* cms.
7. Circulatory system :-
  - (i) Blood pressure... *118/84* (ii) Pulse..... *90 b/m*
8. Abdomen :-
 

Tenderness.....	Liver.....	} <i>NAD</i>
Spleen.....	Tumor.....	
9. Nervous system :-
 

History of fits or epilepsy.....	Paralysis.....	Mental health..... <i>Normal</i>
----------------------------------	----------------	----------------------------------
10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :-
 

Reaction... <i>NIL</i>	Albumin... <i>NIL</i>	Sugar... <i>NIL</i>
------------------------	-----------------------	---------------------
16. Skiagram of chest :- *NAD*
17. Any other test considered necessary by the examining authority. *Normal*
18. Any opinion of specialist considered necessary. *NO*

Place: ...*P.H.C. Chillro*...

*Normal*  
*[Signature]*  
**Senior Medical Officer**  
**P.H.C Chillro**  
**M/Garh (Hry.)**  
 Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1 <input checked="" type="checkbox"/>	S2 <input checked="" type="checkbox"/>
Additional Sound	Normal	
Electrocardiograph (12 Leads Findings)	Normal <input checked="" type="checkbox"/>	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

Senior Medical Officer  
P.H.C Chillro  
M/Gash (H)  
Signature of the authority with seal

## FORM 'O'

(See rules 29-F (2) and 29-L)

## Report of Medical Examination under Rule 29-B

(To be issued in triplicate)

Certificate No. .... 8. 535/19-B-23

Certified that Shri/Smt. \* Murtaaj Khan employed as Helper in ..... mine,  
Form B. No. 38 has been examined for an initial/periodical medical examination. He/she appears to be 44 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Murtaaj Khan

(a) \* Is medically fit for any employment in mines.

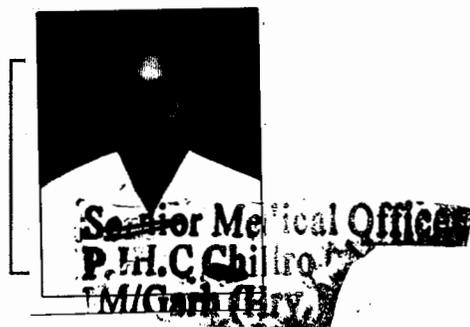
(b) \* Is suffering from ..... and is medically unfit for

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of ..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



*[Handwritten Signature]*  
Signature of the Examining authority  
19.06.2023

Senior Medical Officer  
P.H.C. Chillro DR. PANKAJ  
(M/Garb (H.V.) in Block Letters)

MEDICAL OFFICAR H.N.15723

Place : Bayat PHC ChillroDate : 19.06.2023

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd.
(Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).
Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark... Scar mark below left eye.

Left thumb impression of the candidate.

- 1. General development : Good/Fair/Poor
2. Height : 5'7" feet
3. Weight : 62 Kg.
4. Eyes

- (i) Visual acuity—Distant vision (with/without glass).
Right eye 6/6 Left eye 6/6
(ii) Any organic disease of eyes
(iii) Night blindness.
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

- 5. Ears :-
(i) Hearing — Right ear..... Left ear.....
(ii) Any organic disease.....

- 6. Respiratory system (Chest measurement) :-
(i) After full inspiration 88 cms.
(ii) After full expiration 84 cms.

- 7. Circulatory system :-
(i) Blood pressure 110/70 mmHg (ii) Pulse 84 b/m

- 8. Abdomen :-
Tenderness..... Liver.....
Spleen..... Tumor.....

- 9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health..... normal

- 10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-

- 15. Urine :-
Reaction NIL Albumin NIL Sugar NIL

- 16. Skiagram of chest :-
17. Any other test considered necessary by the examining authority.
18. Any opinion of specialist considered necessary. No

Signature of the examining authority

Senior Medical Officer
H.C Chillo
M/Garb (Hvy)

Place: P.H.C. Chillo

Signature of the examining authority

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/ FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1 ✓	S2 ✓
	Additional Sound	Normal
Electrocardiograph (12 Leads Findings)	Normal ✓	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

Senior Medical Officer  
 P.H.C Chille  
 M/Garb (HSD)  
 Signature of the authorizing authority with seal

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

( To be issued in triplicate)

Certificate No. ....14485.../4/10/23

Certified that Shri/Smt.\* KAILASH CHAND employed as DRIVER in Bayal Mines mine,  
Form B. No. 48 has been examined for an initial/periodical medical examination. He/she appears to be 51 years of  
age. The findings of the examining authority are given in the attached sheet.

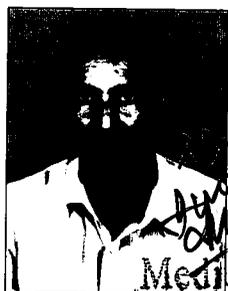
It is considered that Shri/Smt.\* KAILASH CHAND

(a) \* Is medically fit for any employment in mines.

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

- (i) Any employment in mine; or
- (ii) Any employment below ground; or
- (iii) Any employment or work.....

(c) \* is suffering from .....NIL....., should get this disability\* cured/controlled and should be again examined  
within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
\*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
his duties during this period.



Medical Officer  
PHC Chillo  
10/3rd (Hvy.)

Signature of the Examining authority

DR. AMIT KR. SINGH

( Name and Designation in Block Letters)

2MR  
26803

Place : PHC CHILLO

Date : 4-10-23

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd.

(Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No. 14485/4/10/23 As a result of medical examination on 04/10/2023

Identification Mark... O.N.S.M. : B.S.W.  
Sub mandibular region  
Tale.



Left thumb impression of the candidate.

1. General development : Good/Fair/Poor  
✓
2. Height : 170 cm cms. 5'7"
3. Weight : 64 Kg.
4. Eyes :
  - (i) Visual acuity—Distant vision (with/without glass).  
Right eye 6/6 Left eye 6/6 with glasses.
  - (ii) Any organic disease of eyes / NAD
  - (iii) Night blindness. / NAD
  - (iv) Color blindness.
  - (v) Squint. (\*To be tested in special cases)
5. Ears :-
  - (i) Hearing — Right ear..... Left ear..... / NAD
  - (ii) Any organic disease.....
6. Respiratory system (Chest measurement) :-
  - (i) After full inspiration ... 81 cms.
  - (ii) After full expiration ... 84 cms.
7. Circulatory system :-
  - (i) Blood pressure... 122/70 mmHg (ii) Pulse... 82
8. Abdomen :-
 

Tenderness..... /	Liver..... / NAD.
Spleen..... /	Tumor..... /
9. Nervous system :-
 

History of fits or epilepsy... NHC	Paralysis... ALL	Mental health... NORMAL.
------------------------------------	------------------	--------------------------
10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :- / NAD
15. Urine :-
 

Reaction... Acidic	Albumin... NHC	Sugar... NHC
--------------------	----------------	--------------
16. Skiagram of chest :- N.A
17. Any other test considered necessary by the examining authority. NO
18. Any opinion of specialist considered necessary. NO

Place: P.H.C....CHHILRO

Signature of the examining authority  
EMR 26303

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form)**

Certificate No.:- 14485/4/10/23

Name:- KAILASH CHAND

Identification marks:- DUSM HUNT SUBMANDIBULAR REGION

1. Result of Lung Function test (Spirometry) **NOT AVAILABLE**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/ FVC			
Peak Expiratory Flow			

2. Cardio logical Assessment

Auscultation	S1	S2
	Additional Sound	
Electrocardiograph (12 Leads Findings)	Normal	Abnormal

**NORMAL**

3. Neurological Assessment :

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

4. ILO Classification of chest Radiograph :

**NOT AVAILABLE**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

5. Audiometry Findings

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

6. Pathological/Microbiological Investigations:

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

7. Any other special test required:-- **NO.**

Signature of the examining authority with seal

**Medical Officer**  
V.P.H.C Chillro  
MIGarh (Hry.)

4/10/2023  
EMR 26303

## FORM 'O'

(See rules 29-F (2) and 29-L)

## Report of Medical Examination under Rule 29-B

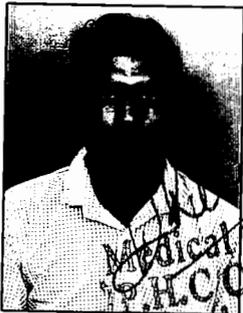
(To be issued in triplicate)

Certificate No. ...13998-21/9/23

Certified that Shri/Smt. \*Satveer... employed as Supervisor in Bayel mine,  
Form B. No. 446 has been examined for an initial/periodical medical examination. He/she appears to be 32 years of  
age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \*Satveer.....

- (a) \* Is medically fit for any employment in mines.
- (b) \* Is suffering from..... and is medically unfit for
- (i) Any employment in mine; or
- (ii) Any employment below ground; or
- (iii) Any employment or work.....
- (c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined within a period of ..... months. \*He/she will appear for re-examination with the result of test of ..... \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on his duties during this period.



Signature of the Examining authority

DR. PANKAJ (MEDICAL OFFICER)

(Name and Designation in Block Letters)

Place :

PHC CHILRO

Date :

21/09/2023

Medical Officer  
P.H.C Chillro  
M/Garh (Hry.)

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability). Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark. Cut on upper side of Right Eye



Thumb impression of the candidate.

- 1. General development : Good/Fair/Poor 5'5" feet
2. Height : .....cms.
3. Weight : 68 Kg.
4. Eyes (i) Visual acuity... B/L 6/6 T specs
(ii) Any organic disease of eyes
(iii) Night blindness
(iv) Color blindness
(v) Squint.
5. Ears :- (i) Hearing... NAD
(ii) Any organic disease...
6. Respiratory system (Chest measurement) :- (i) After full inspiration 97 cms.
(ii) After full expiration 91 cms.
7. Circulatory system :- (i) Blood pressure 118/78 only (ii) Pulse 76 bpm
8. Abdomen :- Tenderness not palpable Liver/Tumor not palpable
9. Nervous system :- History of fits or epilepsy Paralysis Mental health
10. Locomotors system :-
11. Skin :-
12. Hernia :- NAD
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :- Reaction NIL Albumin NIL Sugar NIL
16. Skiagram of chest :- NAD
17. Any other test considered necessary by the examining authority. Normal
18. Any opinion of specialist considered necessary. No

Place: PHC CHILRO

Signature of the examining authority P.H.C Chillro M(Garh (Hry.))

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 FEV 1			
FEV 1/ FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	
<b>Electrocardiograph (12 Leads Findings)</b>	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	✓
Deep Reflexes	✓
Peripheral Circulation	✓
Vibrational Syndromes	✓

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting &PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:-**

Signature of the examining authority with seal

*P.H.C Chillro*  
M/Garh (Hry.)

**FORM 'O'**

(See rules 29-F (2) and 29-L)

**Report of Medical Examination under Rule 29-B**

(To be issued in triplicate)

Certificate No. 14000-21/9/23

Certified that Shri/Smt. \* Sunil ..... employed as operator in Bayal mine,  
 Form B. No. 47... has been examined for an initial/periodical medical examination. He/she appears to be 30 years of  
 age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Smt. \* Sunil .....

(a) \* Is medically fit for any employment in mines.

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

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work.....

(c) \* is suffering from ....., should get this disability\* cured/controlled and should be again examined  
 within a period of ..... months. \*He/she will appear for re-examination with the result of test of .....  
 \*and the opinion of..... Specialist from ..... He/She\* may be permitted/not\* permitted to carry on  
 his duties during this period.



*[Handwritten Signature]*  
 Signature of the Examining authority

DR. PANKAJ (MEDICAL OFFICER)  
 (Name and Designation in Block Letters)

Place : P.H.C CHILLRO  
 Date : 21/09/2023

Medical Officer  
 P.H.C Chillro  
 M/Garh (Hry.)

- Delete whatever is not applicable
- One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post and the third copy shall be retained by the examining authority.

Form 'O' Contd. (Report of the examining authority)

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No. .... As a result of medical examination on.....

Identification Mark..... congenital scar mark on medial aspect of Rt. arm around 8.5 cm from medial condyle of Rt. elbow



Left thumb impression of the candidate.

1. General development : Good/Fair/Poor
2. Height : ..... cms. 5'5"
3. Weight : ..... Kg. 62

4. Eyes
(i) Visual acuity—Distant vision (with/without glass).
Right eye..... Left eye.....
(ii) Any organic disease of eyes
(iii) Night blindness.
(iv) Color blindness.
(v) Squint. (\*To be tested in special cases)

5. Ears :-
(i) Hearing — Right ear..... Left ear.....
(ii) Any organic disease.....

6. Respiratory system (Chest measurement) :-
(i) After full inspiration ...89... cms.
(ii) After full expiration ...83... cms.

7. Circulatory system :-
(i) Blood pressure..... (ii) Pulse.....

8. Abdomen :-
Tenderness..... Liver.....
Spleen..... Tumor.....

9. Nervous system :-
History of fits or epilepsy..... Paralysis..... Mental health.....

10. Locomotors system :-
11. Skin :-
12. Hernia :-
13. Hydrocele :-
14. Any other abnormality :-
15. Urine :-
Reaction..... Albumin..... Sugar.....

16. Skiagram of chest :-
17. Any other test considered necessary by the examining authority.
18. Any opinion of specialist considered necessary.

PHC CHMILRO

Place: .....

Signature of the examining authority
Medical Officer
P.H.C Chmilo
M/Garh (Hry.)

**Report of Medical Examination as per recommendation of  
National Safety Conference in Mines  
(to be used in continuation with Form )**

Certificate No.:-

Name:-

Identification marks:-

**1. Result of Lung Function test (Spirometry)**

Parameter	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)		/ NA	
Forced Expiratory Volume 1 FEV 1			
FEV 1/ FVC			
Peak Expiratory Flow			

**2. Cardio logical Assessment**

Auscultation	S1	S2
	Additional Sound	
Electrocardiograph (12 Leads Findings)	Normal	Abnormal

**3. Neurological Assessment :**

Findings	Normal/ Abnormal
Superficial Reflexes	N
Deep Reflexes	N
Peripheral Circulation	N
Vibrational Syndromes	N

**4. ILO Classification of chest Radiograph :**

Profusion of Pneumoconiotic opacities	Grade	Type
Present/ Absent		

**5. Audiometry Findings**

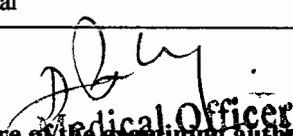
Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

**6. Pathological/Microbiological Investigations:**

S.No.	Tests	Findings
1	Blood-TC,DC,Hb,ESR,Platlets	WNL/Abnormal
2	Blood Sugar- Fasting & PP	WNL/Abnormal
3	Lipid Profile	WNL/Abnormal
4	Blood Urea, Creatinine	WNL/Abnormal
5	Urine Routine	WNL/Abnormal
6	Stool Routine	WNL/Abnormal

**7. Any other special test required:--**

Signature of the examining authority with seal

  
**Medical Officer**  
**P.H.C. Chintre**  
**M/Garh (Hry.)**





BALAJI SURGICALS AND PHARMACEUTICALS				M/s SATISH KUMAR GARG MIN.LEA SATISH KUMAR GARG MINES LEASE BAYAL 06-HARYANA Ph.No.: GST : 06ACEPK9054C1ZT									
OPP. GOSHALA, NARNAUL ROAD 06-HARYANA QUTUPUR, REWARI-123401 Phone : 7988599092, 9034486232				<b>CASH</b>									
D.L.No. : HR-88-0231OW/H, HR-88-0231W/H E-Mail : balajisurgical@yahoo.com GSTIN : 06BUEPM9253N1Z1				<b>GST INVOICE</b>			Invoice No. : A001669		Date : 08-08-2023				
							Sales Man :		Due Date : 08-08-202				
Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount	
1.	2	1*12	BANDAGE 10CM*3.5M PRINT	JH11	5/27	3005	0.00	60.00	10.70	6.00	6.00	120.00	
2.	1		BANDED HI AID REG	FS/659	8/25	3004	200.00	70.00	10.70	6.00	6.00	70.00	
3.	2	100ML	CADLON LIQ	GGC0284	5/25	3004	36.30	22.50	10.70	6.00	6.00	45.00	
4.	1	55GM	DOLO PAIN SPRAY	MDP22004	6/25	3004	143.65	110.00	10.70	6.00	6.00	110.00	
5.	2	1*10TA	DP GESIC TAB	SP221256	11/25	30049069	27.45	9.50	10.70	6.00	6.00	19.00	
6.	2	100ML	NICODINE	NSH0604	11/24	30041090	47.68	31.50	10.70	6.00	6.00	63.00	
7.	2	30GM	OMNIWEL GEL	146	6/25	30049099	0.00	25.00	10.70	6.00	6.00	50.00	
8.	5		PARABOOST 500MG TB	22440332	12/24	3004	10.03	10.00	10.70	6.00	6.00	50.00	
9.	2	100ML	BAKERDRYL SYP	2YBL010	1/24	30049039	90.00	20.00	10.70	6.00	6.00	40.00	
**HAVE A NICE DAY**													
CLASS		TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL				506.34	
GST 5.00		0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE				30.38	
GST 12.00		567.00	0.00	60.66	30.38	30.38	60.76	CGST PAYBLE				30.38	
GST 18.00		0.00	0.00	0.00	0.00	0.00	0.00	ADD/LESS				0.00	
GST 28.00		0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE				0.00	
TOTAL		567.00	0.00	60.66	30.38	30.38	60.76	<b>GRAND TOTAL</b>				<b>567.00</b>	
Rs. Five Hundred Sixty Seven Only													
<b>Terms &amp; Conditions</b> Goods once sold will not be taken back or exchanged. BANK-HDFC BANK, BRANCH-MODEL TOWN REWARI-123401 A/C 50200005665741 , IFSC CODE - HDFC0000250				<b>Reciver</b>				For BALAJI SURGICALS AND PHARMACEUTICALS					

**GANGARIYA MEDICAL STORE**INDUSTRIAL AREA, NEAR PUBLIC HEALTH OFFICE,  
NARNAUL

Phone : 9812495220,9996810558

Patient Name : PURNCHAND 50/M

Patient Address : RAWTA KI DHANI

Dr Name : DR.JAGAT SINGH YADAV

Dr Reg No.

GSTIN : 06AYNPS5180J1ZT  
LIC NO : N-0002-OB**GST INVOICE**

Invoice No. : A001217 Date: 24-05-2023

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	CREPE-BANDAGE 4 INCH	1	30	16-4-23		1	150.00	150.00	0.00	0.00	150.00
2.	ACLONAC SP	1*10	30	23RT0106	3/25	1:4	105.00	105.00	0.00	0.00	147.00
3.	OCALPIC-PLUS	1*15	30	22RT0636	6/24	0:10	120.00	120.00	0.00	0.00	80.00

GST 377\*0%=0SGST,

TOTAL	377.00
DISCOUNT	0.00
ROUND OFF	0.00

**Terms & Conditions**

Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% interest.  
All disputes subject to Jurisdiction only.  
Prescribed Sales Tax declaration will be given.

For GANGARIYA MEDICAL STORE

Authorised Signatory

GRAND TOTAL 377.00

Remark :  
Rs Three Hundred Seventy Seven Only

<b>TAX INVOICE</b>		<b>CASH MEMO</b>				
GSTIN NO. 06ACSPG7562PIZR		<b>JAGDISH MEDICOS</b>				
Invoice No. <b>2352</b>		Rewari Road, NARNAUL (Haryana)				
		D.L. No. 1117-B 1117-OB				
		Date... 17/10/23				
Name & Address of the Patient... Satish Kumar Hazg Marble Mines Bayal						
Name & Address of the Prescriber... Dr. R. N. Nigam						
Name of Medicine	Mfd	B.No.	Expiry	Rs. Amount	P.	
1 Cipladine 20g	Cipla	22206	11/24	53	00	
1 Dettol 125ml	R.B.	D827	11/26	73	00	
5x10 Intagasic-P	Intay	1405	10/25	50	00	
6 Bandage 2u	P.S.	221	1/25	30	00	
2x10 Paracet 500	Cipla	30412	3/26	18	00	
2x10 Hustack	Intay	30520	4/26	20	00	
2x10 Spasmonil plus	Cipla	2019	9/25	50	00	
16 BandAid	E.O.	03778	1/26	23	00	
				Taxable Value	283	00
				SGST	16	98
				CGST	16	98
				Grand Total	316	96

3171

Goods once sold will not be taken back.

Signature of Qualified Person

TAX INVOICE		CASH MEMO			
GSTIN NO. 06ACSPG7562PIZR		<b>JAGDISH MEDICOS</b>		D.L. No. 1117 -B 1117 - OB	
Invoice No. <b>4339</b>		Rewari Road, NARNAUL (Haryana)		Date.. <u>24/3/23</u>	
Name & Address of the Patient..... <u>Satish Kumar Garg Maxal Miny</u>					
Name & Address of the Prescriber..... <u>Dr. C. H. Nishu</u> <span style="float: right;"><u>Bayal</u></span>					
Name of Medicine	Mfd	B.No.	Expiry	Rs.	P.
<u>1 Betadine cream</u>	<u>L.M.</u>	<u>0202</u>	<u>11/24</u>	<u>129</u>	<u>05</u>
<u>15mls Intagesic - P</u>	<u>Dntal</u>	<u>21116</u>	<u>10/25</u>	<u>150</u>	<u>05</u>
<u>1 Cotton tag</u>	<u>B.S.</u>	<u>838</u>	<u>1/26</u>	<u>30</u>	<u>05</u>
<u>1 Dettol 120ml</u>	<u>P.O.L.</u>	<u>70611RM</u>	<u>4/25</u>	<u>65</u>	<u>05</u>
<u>10 Band Aid</u>	<u>R.B.</u>	<u>814</u>	<u>2/22</u>	<u>20</u>	<u>05</u>
<u>1 Himala</u>	<u>Dabur</u>	<u>0963</u>	<u>11/24</u>	<u>60</u>	<u>05</u>
<u>1x12 Bandage 2x4m</u>	<u>P.S.</u>	<u>221</u>	<u>1/25</u>	<u>60</u>	<u>05</u>
				Taxable Value	<u>458.94</u>
				<del>IGST</del>	<u>27.53</u>
				<del>CGST</del>	<u>27.53</u>
				Grand Total	<u>514.00</u>
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p><i>[Signature]</i></p> <p>544/-</p> </div> <div style="text-align: center;"> <p><i>[Signature]</i></p> <p>Signature of Qualified Person</p> </div> </div>					

Goods once sold will not be taken back.

TAX INVOICE		CASH MEMO			
GSTIN NO. 06ACSPG7562PIZR	JAGDISH MEDICOS		D.L. No. 1117-B 1117-OB		
Invoice No. <b>4226</b>	Rewari Road, NARNAUL (Haryana)		Date... <b>13/8/22</b>		
Name & Address of the Patient ..... <b>Satish kumar Garg Maxval mines Bayal</b>					
Name & Address of the Prescriber ..... <b>Dr Self</b>					
Name of Medicine	Mfd	B.No.	Expiry	AMOUNT	
				Rs.	P.
30x10 Intagesic	Intay	1735	10/24	240	00
4x10 Alexgin cold & flu	Capla	1593	10/23	250	00
3x10 Meftal Spas	B.S.H	21229	9/24	135	00
1x30 Nurobion Forte	Merck	4301	3/23	34	00
1x30 Allule 150	Cadila	1553	4/24	35	00
1 Pkt. Bandage 344 m	P.S.	215	5/24	60	00
				Taxable Value	628 58
				6% SGST	37 71
				6% CGST	37 71
				Grand Total	704 00

*endly*  
*13/8/22*

704/-

Signature of qualified person

Goods once sold will not be taken back.



TOILET

TOILET



Attention • Attraction • Affection



Apply Panel In Arrow Direction

Attention • Attraction • Affection

Attention • Attraction • Affection



Apply Panel In Arrow Direction



MANAGER  
OFFICE

# सुरक्षित कार्य निर्देश

## एच. ई. एम. एम. ऑपरेशन

1. निपुण/सुयोग्य व्यक्ति ही एक्सकेवेटर का परिचालन करें।
2. कार्य शुरू करने से पूर्व आपरेटर यह सुनिश्चित करें की मशीन की सुरक्षात्मक प्रणाली व्यवस्थित है तथा सारी बत्तियां सुचारू रूप से कार्य करती हों तथा मशीनों की ध्वनि नियंत्रण में हो।
3. एक्सकेवेटर पर कार्य करते समय, सेफ्टी हेल्मेट, सेफ्टी शूज, ईयर प्लग तथा नोज मास्क का उपयोग अवश्य करें।
4. एक्सकेवेटर के केबिन तथा खिड़कियों की सफाई नियमित रूप से करें जिससे की साफ दिखाई दे।
5. एक्सकेवेटर को वहां पर न चलाए जहां पर कोई व्यक्ति, वाहन अथवा मशीन आदि समीप में हो क्योंकि इससे खतरा हो सकता है।
6. लोड बकेट को डम्पर के ऊपर से न ले जावें।
7. अनाधिकृत व्यक्ति को मशीन न चलाने दें।
8. यदि सामने कोई खतरा दिखाई दे तो तुरंत मशीन को सुरक्षित स्थान पर ले जावें।
9. कार्य करते समय मशीन कड़ी एवं समतल जगह पर होनी चाहिये।
10. एक्सकेवेटर की बकेट पूरी तरह भरते ही बाहर खींच लें।
11. मशीन के असामान्य होने की स्थिति में तुरंत इंचार्ज को सूचना दें।
12. अनाधिकृत व्यक्ति को एक्सकेवेटर पर न चढ़ने दें।
13. बकेट को किसी भी व्यक्ति अथवा मशीन के ऊपर से न ले जाएं।
14. अगर एक्सकेवेटर का कोई भी भाग हाई वोल्टेज लाइन के तीन मीटर के आस-पास है तो उस स्थिति में एक्सकेवेटर को न चलाएं।
15. जब एक्सकेवेटर का उपयोग न हो तो उसे लटकी हुई अवस्था में लूज मटेरियल के किनारे न रखें।
16. कार्य खत्म होने के उपरांत एक्सकेवेटर को किसी समतल जमीन पर खड़ा करें।
17. शिफ्ट खत्म होने के उपरान्त लॉग बुक में मशीन की स्थिति या कोई ब्रेक डाउन हो तो उसे स्पष्ट उल्लेखित करें।

Qty. 1

# सुरक्षित कार्य निर्देश

## मशीन ऑपरेशन

1. कार्य शुरू करने से पहले मशीन के बारे में सम्पूर्ण जानकारी प्राप्त कर लें।
2. मशीन गार्ड को न हटाएं।
3. अपनी उगलियों को चलती हुई मशीनों से दूर रखें।
4. बेकार अथवा बनी हुई कतरन आदि को मशीनों से दूर रखें।
5. कार्य स्थल पर ढीले-ढाले वस्त्र न पहने।
6. उपयोगिता के अनुसार विद्युत कनेक्शन की जांच करें।
7. स्विच बंद करने के उपरांत यह सुनिश्चित करें की मशीन पूरी तरह बंद हो।
8. मशीन चलते समय किसी भी टूल को न तो बदले न सेट करें।
9. चिप को अलग करने के लिये खाली हाथों का इस्तेमाल न करें तथा ब्रश और दस्तानों का उपयोग करें।
10. कटिंग टूल को सेट करते समय यह सुनिश्चित करें की वह पूरी तरह कसा हुआ हो।
11. मशीन आपरेटर का ध्यान न बाँटे।
12. मशीन के आस-पास फैली हुई चिप्स को इकट्ठा करके तुरन्त विर्दित कूड़े-दान में फेंक दें।

Qty. 1

# सुरक्षित कार्य निर्देश

## सुरक्षित यातायात हेतु निर्देश

1. जांच द्वार पर ही वाहन चालकों के लाइसेन्स की जांच की जानी चाहिए जिससे कोई अवैध लाइसेंस धारी व्यक्ति वाहन को उपयोग न कर सकें।
2. मद्यपान निषेध।
3. वाहन चालकों को सुरक्षात्मक तरीके से वाहन चलाना चाहिये।
4. ट्रैफिक नियमों का पालन करें।
5. शिफ्ट के दौरान इगनिशियन तथा केबिन की चाभी अपने पास रखें।
6. अनाधिकृत व्यक्ति को वाहन चलाने न दें।
7. सुनिश्चित करें कि सुरक्षा उपकरण सही दशा में कार्य कर रहे हों। जैसे : आडियो विजुअल अलार्म, रेडियेटर फैन गार्ड, सर्किट ब्रेकर, ऑयल प्रेशर गेज, एयर प्रेशर गेज, टेम्परेचर मीटर, अग्निशमन उपकरण आदि।
8. उस स्थिति में वाहन कदापि न चलाए जब वाहन का डाला उठा हुआ हो।
9. ढलान पर ट्रक / बल्कर को खड़ा न करें।
10. वाहन को अत्यधिक गति से न चलाये। हमेशा निर्धारित गति सीमा के अन्दर ही चलायें।
11. कार्यालय, वर्कशाप, समय कार्यालय, चेक गेट, नाप तौल कांटा एवं भीड़-भाड़ वाली जगह के आस-पास वाहन धीमी गति से चलाएं।
12. पहुंच मार्ग के पास पहुंचने पर वाहन की गति कम करते हुये निर्धारित गति सीमा में चलाएं तथा हॉर्न का इस्तेमाल करें। सड़क के दोनों तरफ देखते हुये सावधानी से वाहन आगे बढ़ाये?।
13. भारयुक्त ट्रक / बल्कर को ढलान पर उल्टा (रिवर्स) न चलाएं।
14. वाहन को ओवर लोड न होने दें।
15. वाहन एकाग्रता से चलाएं।
16. चलते हुये ट्रक अथवा बल्कर के आगे कोई भी व्यक्ति दौड़कर सड़क पार न करें।
17. जब भी ट्रक का डाला खुला हुआ हो उस समय कोई भी व्यक्ति ट्रक पर चढ़कर कार्य न करें जबकि डाला बंद न हो जाय।
18. किसी भी अनाधिकृत व्यक्ति के डम्पिंग यार्ड अथवा टर्निंग पाइन्टस पर प्रवेश न करने दें।

Qty. 1

# सुरक्षित कार्य निर्देश

## ड्रिलिंग ऑपरेशन

1. ड्रिलिंग करने से पहले ड्रिलिंग मशीन के लिये समतल सुरक्षित व सुविधाजनक स्थान सुनिश्चित कर लें।
2. ड्रिलिंग स्थान की मार्किंग सदा माइन्स फोरमेन के निरीक्षण व शिफ्ट इंचार्ज की सलाह से ही करें।
3. इस्तेमाल से पहले ड्रिलिंग मशीन के होज कनेक्शन, डस्ट कलेक्टर, लूब्रीकेशन, हाइड्रालिक सिस्टम व बिट की जाँच अवश्य कर लें।
4. मशीन चलते समय कामगारों को ड्रिल से सुरक्षित दूरी बनायें रखनी चाहिये।
5. लटकते औजारों/मशीनों के नीचे खड़े होकर काम न करें।
6. किसी प्रकार की असामान्य आवाज किसी पुर्जे के गर्म होने या ड्रिल रॉड के जाम होने पर तुरंत मशीन बंद कर दें।
7. चलती मशीन को सुधारने का प्रयास न करें।
8. ड्रिल बिट को समय समय पर धार लगायें।
9. बिट, स्टेम व ड्रिल रॉड बदलते समय सावधानी बरते कि आपके हाथ, पैर, उँगलियाँ या पंजे किसी चीज के बीच में न फसें।
10. शिफ्ट पूरी होने पर सभी उथले व गहरे गड्डों की रपट अपने जॉब कार्ड में लिखें।
11. हेल्मेट, जूते, इयरमफ व डस्ट मास्क आदि सभी व्यक्तिगत सुरक्षा उपकरणों का उपयोग अवश्य करें।

Qty. 1

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Saurabh &lt;saurabhrajpal.sc.aor@gmail.com&gt;

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**In the matter of Vijay Kumar Sharma vs State of Haryana Original Application no. 454 of 2023**

1 message

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**Saurabh** <saurabhrajpal.sc.aor@gmail.com>  
To: rkhuranalegal@gmail.com

Sat, Jan 6, 2024 at 3:58 PM

Respected Sir,

Please find attached copy of Additional Reply In the matter of Vijay Kumar Sharma vs State of Haryana Original Application no. 454 of 2023 as proof of service.

Regards:

Anip Sharma

Office of Saurabh Rajpal

Advocate-On-Record, Supreme Court of India

Mb:9971792885

 [ADDITIONAL REPLY IN VIJAY KUMAR SHARMA.pdf](#)