



डीकेटेड फ्रेट कोरीडोर

**Dedicated Freight Corridor Corporation of India Ltd.**

**(A Government of India Enterprises)**

5<sup>th</sup> Floor, Pragati Maidan, Metro Station Building Complex, New Delhi- 110001

Corporate Identity Number U60232DL2006GOI155068

Web: [www.dfccil.com](http://www.dfccil.com)

No. 2020/HQ/Admin/RTI-09

New Delhi: 05.02.2020

Sh. Sudhansu Sekhar Prusty  
Andhra Pradesh

Subject: Providing information w.r.t. Original Application received under the RTI Act.2005.

**Reference: Your RTI Application dated 04.01.2020 received through DOPT.**

Information as obtained from the concerned record holding office is attached.

Appellate Authority's name and address is as under;

Shri Satish Kothari, GGM/Administration DFCCIL,  
5th Floor, Pragati Maidan Metro Station Building, New Delhi-110001.

**(S.K.PANDA)**

**Dy. G.M/Admn.(PIO)**

**E-mail: [skpanda@dfcc.co.in](mailto:skpanda@dfcc.co.in)**

**9717636811**

DA: 04 sheets

दिनांक: 08.01.2020

**Name of Applicant: Online RTI Application of Sh. Sudhansu Sekhar Prusty, Visakhapatnam.**

Ref: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-09 Dated: 06.01.2020.

The above online RTI application received by the undersigned on 07.01.2020, which is forwarded by the deemed PIO. On scrutiny, it is found that in the above said online RTI application only item no. (1) pertains to Rectt. Section. Information sought in details and proposed reply/ remarks are as under:

Item No.	Information Sought	Proposed Reply/Remarks
1	Please provide Medical Report of Roll No. 17015080020 for the post of Jr. Executive (Grade-III) (S&T) against Advt. No. 11/2018.	As per available record, copy of Medical Report of Roll No. 17015080020 (Sudhansu Sekhar Prusty) for the post of Jr. Executive (Grade-III) (S&T) against Advt. No. 11/2018. is attached (04 pages).

DGM/Admin.(PIO) may obtain the necessary fee for providing the above information, as per RTI Act. 2005.

*[Handwritten Signature]*  
08.01.2020

उप महाप्रबन्धक / मानव संसाधन-IV

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

*[Handwritten Signature]*





Roll No. 17015080020

Medical Report

Post Jt. Executive

Medical At. Kailesh Hospital



(a) Candidate's statement and declaration.

The candidate must make the statement required below prior to his Medical Examination and must sign the declaration 'appended thereto'.

1. State your name in full (in block letters):

SUDHANSU SEKHAR PRUSTY

2(a). State your age and birth place.

36, ODISHA

2(b) Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribal etc, whose average height is distinctly lower? Answer 'Yes' or 'No' and if the answer is 'Yes' state the name of the tribe race:

NO

3(a). Have you ever had small-pox intermittent or any fever, enlargement or suppuration of glands, spitting of Blood, asthma, heart diseases lung disease, fainting attacks, rheumatism, appendicitis:

NO

or

3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment:

NO

3(c) Whether underwent any eye surgery (Radical Keratotomy/ Lasik/ Excimer etc.) at any time. If yes, details thereof:

NO

4. Have you suffered from any form of nervousness due to overwork or any other causes

NO

5. Have you been allotted to any service/posts on the basis of previous years exams. If yes, give details thereof

Have you joined the said service/post:

NO

6. Furnish the following particulars concerning your family:-

Father's age, if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages & state of health	No. of brothers dead, their ages & cause of death	Mother's age, if living & state of health	Mother's age at death & cause of death	No. of sister living, their ages & state of health	No. of sisters dead, their ages & cause of death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
64 Yrs	-	One	-	53 Yrs	-	One	-
Good		29 Yrs		Good		32 Yrs	
		Good				Good	

Contd.....

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Roll No. 17015080020

Present Address 20/243/5, Kharcvel Nagar, Gopalapatnam  
(Rural), Visakhapatnam - 530027  
Andhra Pradesh

Identification marks Cut mark on right cheek, Black mole below right collar Bone

7. Have you been examined by Medical Board before? Yes	10. When & where was the Medical Board held? INHS ASVINI
8. If answer to the above is 'Yes' please state what Service (s)/ Post(s) you were examined for? INDIAN NAVY MEDICAL	11. Result of the Medical Board's examination. If communicated to you or if known:- FIT
9. Who was the examining authority? INHS ASVINI, Military Hospital	

12. All the above answers are to the best of my knowledge & belief, true and correct and I shall be liable for action under law for any material infirmly in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my service would be liable to be terminated.

Candidate's Signature

Signed in my presence  
Signature of the Chairman of the Board  
With date and stamp of the Board

(b) Report of the Medical Board on (name of candidate) Sudhansu Sechan Frusty

Physical examination

Good..... Fair  ..... Poor.....  
 Nutrition Thin..... average  .....  
 Obese.....  .....  
 Height (without shoes) 172 cm  
 Weight 117.2 kg Best Weight.....  
 When? Any recent change in Weight.....  
 Temperature 100  
 Girth of chest-  
 (i) (After full inspiration) 129 cm  
 (ii) (After full expiration) 118 cm  
 2. Skin - Any obvious disease  
 MHO

3. Eyes  
 i. Any disease .....  
 ii. Night Blindness .....  
 iii. Colour vision .....  
 a) Ishihara .....  
 b) EGL 1.3 mm .....  
 c) EGL 13 mm .....  
 iv. Field of vision .....  
 v. Binocular vision .....  
 vi. Visual acuity 6/11  
 vii. Fundus Examination N/A

In case of color blindness please state clearly whether the candidate is fit for services requiring High Grade Color perception/Low Grade Perception of totally color blind.

Contd.....



Visual Acuity

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Spherical	Cylindrical	Axis
Distant Vision	R.E. 6/6 L.E. 6/6				
Near Vision	R.E. N/A L.E. N/A				
Hypermetropia (Manifest)	R.E. - L.E. -				

DR. A. UL...  
MBBS, MS  
EYE Surgeon & Specialist Phaco  
IOL Surgery  
KAILASH HOSPITAL & HEART INSTITUTE  
Reg. No. 19356

4. Ears: Inspection NAD  
 Hearing 500 cm Right Ear 500 cm  
 Left Ear 500 cm  
 5. Glands: Thyroid NAD  
 6. Condition of teeth NAD  
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? NAD  
 If yes, explain fully NAD  
 8. Circulatory system: NAD  
 (a) Heart: Any organic lesions?  
 Rate - 78 beats/min  
 Standing 98/min  
 After hopping 25 times 98/min  
 Two minutes after hopping 98/min  
 (b) Blood Pressure: Systolic 130 mmHg  
 Diastolic 90 mmHg  
 9. Abdomen: Girth 120 cm  
 Tenderness NAD  
 Hernia NAD  
 (a) Palpable: Liver NAD Spleen NAD  
 Kidneys NAD Tumors NAD  
 9.(b) Haemorrhoids NAD  
 Fistula NAD  
 10. Nervous System: Indications of nervous or mental disabilities NAD  
 11. Loco-Motor System: Any abnormality NAD  
 12(A) Genito Urinary System: Any evidence of Hydrocele, Varicocele etc. NAD  
 Urine analysis: fall yellow  
 (a) Physical Appearance fall yellow  
 (b) Sp. Gravity NAD  
 (c) Albumin NAD  
 (d) Sugar NAD  
 (e) Casts NAD  
 (f) Cells NAD  
 12(B) Report of X-ray examination of chest NAD  
 13. Is there anything in the health of the candidate likely to render him unfit for the efficient discharge of his duties in the service for which he is a candidate? NAD

NOTE: In the case of a female candidate, if it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit.

Contd...

Roll No. 17015080020

Is the candidate fit for the field service? Yes

NOTE: The Board should record their findings strictly in the following certificate

CERTIFICATE

Shri Sudhansu Sekhar Prusty Roll No., 17015080020 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

- (i)  Fit In B, medical category
- (ii) Unfit on account of \_\_\_\_\_
- (iii) Temporarily unfit on account of \_\_\_\_\_
- (iv) Fit only for specified vacancy reserved for physically impaired \_\_\_\_\_

Sign of Member  
with Stamp

Sign of Member  
with Stamp

Sign. of Chairman  
with stamp

Date:

Place:

Gagan  
23/12/19  
(Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI:18854  
Kalash Hospital & Heart Institute, Noida

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