



Dedicated Freight Corridor Corporation of India Ltd.

(A Government of India Enterprises)

5th Floor, Pragati Maidan, Metro Station Building Complex, New Delhi- 110001

Corporate Identity Number U60232DL2006GOI155068

Web: www.dfccil.com

No. 2020/HQ/Admin/RTI-103

New Delhi: 03.03.2020

Sh. Pradeep Kumar
Rajasthan

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

Reference: Your RTI Application dated 14.02.2020 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

9717636811

DA: 05 sheets

दिनांक: 19.02.2020

Name of Applicant: Online RTI Application of Sh. Pradeep KumarRef: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-103 Dated:
17.02.2020

On scrutiny of above said online RTI application, which is received on 18.02.2020 (1600 hrs.), it is found that applicant has sought information, which is pertaining to the Rectt. Section. Information sought in details and proposed reply/ remarks are as under:

Item No.	Information Sought	Proposed Reply/Remarks
1	Please provide me my medical report. my roll number- 27061010295, Name -Pradeep Kumar, I have applied for post MTS/ operating against advt number- 11/2018.	As per available record, copy of Medical Report of Roll No. 27061010295, Name -Pradeep Kumar, Post- MTS (Operating) is attached (04 pages).

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

उप महाप्रबन्धक / मानव संसाधन-IV

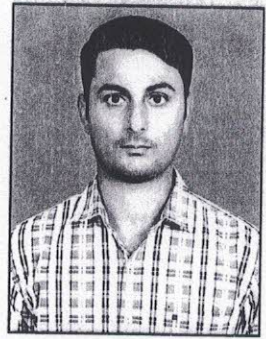
उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

2020/2520

RECEIVED IN PIO'S OFFICE

Date: 19/2/20

Sign:



Roll No. 27061010295 Medical Report
 Post MIS (Operating) Medical At Kailash 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):

~~RAJASTHAN~~ PRADEEP KUMAR

3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment: NO

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

Age: 26 Years 8 Months (Nawalgarh)

3(c) Whether underwent any eye surgery (Radical Keratotomy/ Lasik/ Excimer etc.) at any time. If yes, details thereof: NO

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

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

5. Have you been allotted to any service/posts on the basis of previous years exams. If yes, give details thereof NO

Have you joined the said service/post.....

or

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)

Age 53

1
Age-30

Age 50

NO

Contd.....

Roll No. 27061010295

Present Address VIII - SUBDAR RUDA RAM KI DHANZ, BARWAST
THESEIL - NAWALGARH, DIST - JHUNJHUNIO (RAJASTHAN)
Pin - 333042

Identification marks A BLACK MOLE ON THE CHEST

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

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 infirmy 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.

Pradeep Kumar
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)

Physical examination

Good..... Fair..... Poor.....
 Nutrition Thin..... average.....
 Obese.....
 Height (without shoes) 176cm
 Weight..... Best Weight.....
 When?..... Any recent change in
 Weight 69kg
 Temperature.....
 Girth of chest:-
 (i) (After full inspiration) 102cm
 (ii) (After full expiration) 96cm
 2. Skin - Any obvious disease
 NAD

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

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. $\frac{6}{6}$ L.E. $\frac{6}{6}$				
Near Vision	R.E. $\frac{20}{20}$ L.E. $\frac{20}{20}$				
Hypermetropia (Manifest)	R.E. L.E.				

4. Ears: Inspection $\frac{N}{N}$
 Hearing Right Ear $\frac{N}{N}$
 Left Ear $\frac{N}{N}$
 5. Glands: Thyroid $\frac{NP}{NP}$
 6. Condition of teeth $\frac{MAD}{MAD}$
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
 If yes, explain fully $\frac{MAD}{MAD}$
 8. Circulatory system: $\frac{MAD}{MAD}$
 (a) Heart: Any organic lesions?
 Rate $\frac{78\text{b.t./m}}{78\text{b.t./m}}$
 Standing
 After hopping 25 times
 Two minutes after hopping
 (b) Blood Pressure: Systolic $\frac{150}{150}$
 Diastolic $\frac{90}{90}$
 9. Abdomen: Girth $\frac{91\text{cm}}{91\text{cm}}$
 Tenderness $\frac{NP}{NP}$
 Hernia $\frac{NP}{NP}$
 (a) Palpable:
 Liver Spleen $\frac{NP}{NP}$
 Kidneys Tumors $\frac{NP}{NP}$

9.(b) Haemorrhoids
 Fistula $\frac{MAD}{MAD}$
 10. Nervous System: Indications of nervous or mental disabilities
 $\frac{MAD}{MAD}$
 11. Loco-Motor System: Any abnormality
 $\frac{MAD}{MAD}$
 12(A) Genito Urinary System: Any evidence of Hydrocele, Varicocele etc. $\frac{MAD}{MAD}$
 Urine analysis:
 (a) Physical Appearance
 (b) Sp. Gravity
 (c) Albumin $\frac{NP}{NP}$
 (d) Sugar
 (e) Casts
 (f) Cells
 12(B) Report of X-ray examination of chest
 $\frac{MAD}{MAD}$

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?
 $\frac{NO}{NO}$

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.

Roll. No. 27061010295

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri PRADEEP KUMAR Roll No., 27061010295 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

(i) Fit in A2 Med. Category

(ii) Unfit on account of _____

(iii) Temporarily unfit on account of _____

(iv) Fit only for specified vacancy reserved for physically impaired _____

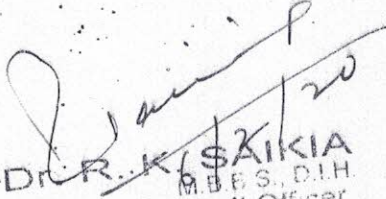
Sign of Member
with Stamp

Sign of Member
with Stamp

Sign. of Chairman
with stamp

Date:

Place:


DR. R. K. SAIKIA
M.B.B.S., D.I.H.
Casualty Medical Officer
Reg. No. DMC-2535
Kulash Hospital & Health Institute
H-33, Sector-27, Noida