



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-104

New Delhi: 03.03.2020

Sh. Subhash Chand Meena
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. Subhash Chand Meena

Ref: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-104 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- 13004010071, Name - Subhash Chand Meena. I have applied for post- MTS/ operating against advt number- 11/2018.	As per available record, copy of Medical Report of Roll No. 13004010071, Name -Subhash Chand Meena, 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

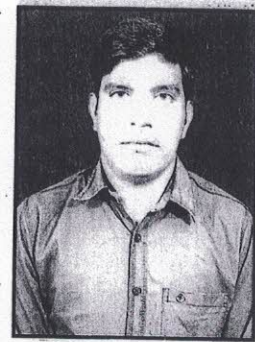
उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

RECEIVED IN THE OFFICE
Dy. No.:
Date: 19/2/20
Sign: *mshah*

Roll No. 13004010071

Post M.T.S. (Operating) Medical At. Kailash Hospital

Medical Report



(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):

SUBHASH CHAND MEENA

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

26 years KUSHALPURA (SIKAR RAJASTHAN)

2(b) Do you belong to races such as Gorkhas, Garhwals, 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

NO

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)

① 65 years

② 43 years

③ 64 years

④ 45 years

RAJASTHAN

RAJ.

RAJ.

RAJ.

GOOD

GOOD

GOOD

GOOD

Contd.....

Roll No. 13004010071

Present Address U. POST KUSHALPURA
VIA - PIPRALI DIST. - SIKAR
STATE - RAJASTHAN PINCODE 332027

Identification marks A BLACK MOLE ON A FACE

7. Have you been examined by Medical Board before? No	10. When & where was the Medical Board held? No
8. If answer to the above is 'Yes' please state what Service (s)/ Post(s) you were examined for? No	11. Result of the Medical Board's examination. If communicated to you or if known:- No
9. Who was the examining authority. No	

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)

Physical examination

Good..... Fair..... Poor.....
 Nutrition Thin..... average.....
 Obese.....
 Height (without shoes) 168 cm
 Weight 69 kg Best Weight.....
 When?..... Any recent change in Weight.....
 Temperature 100
 Girth of chest:-
 (i) (After full inspiration) 100 cm
 (ii) (After full expiration) 93 cm
 2. Skin - Any obvious disease
 M.A.D.

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 6/6
 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.	6/6		[Handwritten scribble]		
	L.E.	6/6				
Near Vision	R.E.	2/6				
	L.E.	2/6				
Hypermetropia (Manifest)	R.E.					
	L.E.					

4. Ears: Inspection MP

Hearing MP Right Ear MP

Left Ear MP

5. Glands: Thyroid MP

6. Condition of teeth NAD

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?

If yes, explain fully NAD

8. Circulatory system: NAD

(a) Heart: Any organic lesions?

Rate 74 bpm

Standing

After hopping 25 times

Two minutes after hopping

(b) Blood Pressure: Systolic 110/80 mm Hg

Diastolic

9. Abdomen: Girth 92 cm

Tenderness MP

Hernia MP

(a) Palpable:

Liver MP Spleen MP

Kidneys MP Tumors MP

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: NAD

(a) Physical Appearance NAD

(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? 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.

Contd...

Roll No. 13004010071

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri SUBHASH CHAND MEENA, Roll No. 13004010071 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. SARKIA
MBBS, D.I.H.
Casualty Medical Officer
Reg. No. DMC-2535
K. K. Hospital & Heart Institute
-33, Sector-27, Noida