



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-105

New Delhi: 19.02.2020

Sh. Sanjay Kumar Yadav
UP

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. Sanjay Kumar YadavRef: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-105 Dated:
14.02.2020

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-37108010160, Name –Sanjay Kumar yadav, I have applied for post MTS Operating against advt number- 11/2018.	As per available record, copy of Medical Report of Roll No. 37108010160 (Sanjay Kumar Yadav), Post- MTS (Operating) is attached (04 pages).	
2	pls provide my PET detail, (qualify time).	PET	Net time taken
		100m (with 35 Kg. weight)	HH:MM:SS 00:00:47
		1000m	0:04:04:50

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


 19.02.2020
 उप महाप्रबन्धक / मानव संसाधन-IV

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)



Medical Report

Roll No. 37105010160

Post M.T.S. (CPRETH) Medical At. KRI. LASHI 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):

SANJAY KUMAR YADAV

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

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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)
<u>57</u>			<u>21</u>				
<u>GOOD</u>			<u>GOOD</u>				<u>Death</u>

Contd.....

Visual Acuity

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

4. Ears: Inspection Normal
 Hearing Normal Right Ear Normal
 Left Ear Normal
 5. Glands: N.P. Thyroid N.P.
 6. Condition of teeth Good
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
N.A.D.
 If yes, explain fully
 8. Circulatory system: N.A.D.
 (a) Heart: Any organic lesions? NO
 Rate
 Standing 70/min
 After hopping 25 times
 Two minutes after hopping
 (b) Blood Pressure: Systolic 110
 Diastolic 70
 9. Abdomen: Girth 80 cm
 Tenderness N.A.D.
 Hernia N.A.D.
 (a) Palpable:
 Liver N.P. Spleen N.P.
 Kidneys N.A.D. Tumors N.A.D.

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

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.

Roll No. 37108010160

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri SANJAY KUMAR YADAV Roll No., 37108010160 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 _____

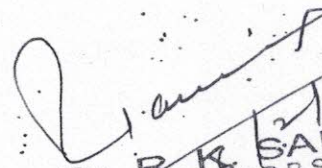
Sign of Member
with Stamp

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
Kailash Hospital & Heart Institute
H-33, Sector-27, Noida