

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 Yadav

Ref: 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 Repl	y/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).		
	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.

<u>उप महाप्रबन्धक</u> /मानव संसाधन-IV

उप महाप्रबन्धक प्रशासन (पी. आई. ओ.)

Dy. No.: 19 2 W.

Medical Report

Roll No. 37.1080.10.160
Post M. T.S COPRETE Medical At KAILHSU MUSPITAL



(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'.

	ur name in fo			requiring	Any other confinement	ent to bed a	or accident nd medical
2(b) Do you Garhwalis, whose aver Answer Yes state the nar 3(a). Have yor any feve glands, sp diseases I rheumatism	u belong to Assamese, rage height s' or 'No' an me of the trib you ever had er, enlargen itting of ung disea a, appendicit	races such a Nagaland is distinct dif the answer race: I small-pox in the answer race or supplement	Tribal etc, ly lower? ver is 'Yes' ntermittent ouration of	(Radical at any times) 4. Have yearns.	Keratotomy me. If yes, do you suffeness due to lave you posts on the If yes, give ou joined the	/ Lasik/ E etails thereof	any form of or any other ed to any evious years
Father's	Father's	No. of	No, of	Mother's	-Mother's	No. of	No. of
age, if	- age at	brothers	brothers	age, if	age at	sister	sisters
living &	death &	living,	dead,	living &	:death &	living,	dead,
state of	cause of	their ages	their ages	state of	cause of	their ages	their ages
health	death	& state of	& cause	health	death .	& state of	& cause
		health:	of death		• 15	health	of death
(1)	(2)	· ·(3)	(4)	(5)	(6)	(7)	(8)
57			2100				
· G000			G100D	•	Pouth		
						•	
<u> </u>			·			:	

Contd.....

	ROHNO. 37108010166
	KOII No. 2.110.5010160
Present Address VIII - BARDIHA CHA	NOAN POT MARKET
D	FLY MUN LOSI - KARIHAN
LIST - DECRIA (19	
Dist - DECRIA (19 274603	
***************************************	***************************************
Identification marks A CUT OF M	
identification marks	MAK ON THE FOR HEAD
7 11 :	
7. Have your been examined by Medical	10. When & where was the Medical
Board before?	Board held?
NO	
8. If answer to the above is 'Yes' please state	NO
what Service (c)/ Pool(s)	11. Result of the Medical Board's
what Service (s)/ Post(s) you were examined for?	examination. If communicated to you or if
	known:-
9 Who was the	NO
9. Who was the examining authority.	1
	21.0
NO	NO
12. All the above answers are to the best of my know liable for action under law for any material infin	wledge & belief true and correct and I al . 111
liable for action under law for any material infir suppression of relevant material information. The fur-	mly in the information furnished by
suppression of relevant material information. The fu	irnishing of false information or suppression of
any factual information would be a disqualification a under the Government. If the fact that false information	and is likely to render me unfit for amplexes
under the Government. If the fact that false information compete to make suppression of any factual information compete and	ation has been furnished or that there has
suppression of any factual information comes to not would be liable to be terminated	tice at any time during my same
	and date dating my service, my service
SWN8	
Candidate's Signature.	.
	Signed in my presence
	ignature of the Chairman of the Board
· (1) P	Vith date and stamp of the Board
(b) Report of the Medical Board on (name of cand	lidate)
Physical examination	
GoodFairPoor	
Ni Poor Poor	3. Eyes
Nutrition Thinaverage	i. Any disease

Height (without shoes) 750	ii. Night Blindness
Pest Weight	8
Any recent change in	iii. Colour vision
Weight +0 P	iii. Colour vision a) Ishihara
Temperature	b) ECI 12
Girth of chest:-	b) EGL 1.3 mm
(i) (After full inspiration) 9.2 cm	c) EGL 13 mm
(ii) (After full expiration) & 7 C	iv. Field of vision
2. Skin - Any obvious disease	NJA
p. A.I.)	v. Binocular vision
franklitude for	***************************************
	vi. Visual acuity

***************************************	vii. Fundus Examination
In case of color blind.	Chry
In case of color blindness please state clearly whether Grade Color perception/Low Grade Perception of tot	11
Grade Color perception/Low Grade Perception of tot	ally color blind.

Contd.....

Visual Acuity

Acuity of vision	Naked eye With glasses		· · · Strength of glasses		
Distant Vision			Spherical	Cylindrical ·	Axis
	Glt.		• • •		7
R.E.	6				
L.E.	U1Co		:		•
Near Vision					•
R.E.	00-10				
. L.E.	00-10				
Hypermetropia .	6	· · · · · · · · ·		• •	
(Manifest)		•		1	
R.E.				STN.	
L.E.			Lingshaid	KJ. 1.43	

	ACAT DITTE OF MICE NOTE
4. Ears: Inspection Now!	9.(b) Haemorhoids Incomes
Hearing Now Bight For Now	9 (b) Haemorhoids \(\sigma^{\infty}\)
Hearing Nowal Right Ear Nowal Co	eg. Hospital Signature of the Property of Mervous System: Indications of nervous or mental disabilities
5. Glarids N-P Thyroid M. P. V	all 6. Nervous System: Indications of pervous or model
6. Condition of teeth	disabilities
7. Respiratory System: Does physical examination reveal	
orificing autormal in the respiratory organs?	
No AT	11. Loco-Motor System: Any abnormality
If yes, explain fully	ostorioanty

8. Circulatory system:	12(4) 0-4: 11:
(a) Heart: Any organic lesions? — NO	12(A) Genilo Urinary System: Any evidence of Hydrocele, Varicocele etc.
Rate Standing +6/w	Urine analysis:
After hopping 25 5	(a) Physical Appearance
After hopping 25 times	
(b) Blood Pressure: Systolic 110	(c) Albumin WAD
Diastolic +O	(c) Albumin AD
9. Abdomen: Girth 80 2	
Tenderness [] [A]	(d) Sugar
Hernia	(e) Casts
(a) Palpable:	(1)
Liver P. Spleen P.	12(8) Report of X-ray examination of chest
1	1.
Kidneys (Tumors	NA
13. Is there anything in the health of the candidate likely to	render him water facility
service for which he is a candidate?	render him unfit for the efficient discharge of his duties in the
***************************************	NO NO

None	
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 lemporarily unfit.	the program of 12 weeks standing or over, she should be

Contd...

Roll No. 37108010160 Is the candidate fit for the field service? .. NOTE: The Board should record their findings strictly in the following certificate CERTIFICATE IMAR YADDYROLL 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 (ii) Unfit on account of _ (iii) Temporarily unfit on account of (iv) Fit only for specified vacancy reserved for physically impaired Sign of Member Sign of Member with Stamp Sign: of Chairman with Stamp with stamp Date: Place: Dr. B. K. B.A.IKIA M.B.B.S. D.I.H. Casualty Medical Officer Reg. No. DMC-2535 Reg. No. DMC-2535 Kalash Hospilal & Heart Institute H-33, Sector-27, Noida