



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-127

New Delhi: 03.03.2020

Sh. Bimal Kumar Bharati
Bihar

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

Reference: Your RTI Application dated 19.02.2020 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. Bimal Kumar BhartiRef: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-127 Dated:
19.02.2020

On scrutiny of above said online RTI application, which is received on 19.02.2020 (1715 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	I am a candidate of mts(operating) against advertisement 11/18, my medical was conducted on 5 th feb 2020 and my roll no is 35098010070. Please enclose my medical report card.	As per available record, copy of Medical Report of Roll No. 35098010070 Name – Bimal Kumar Bharti, 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.

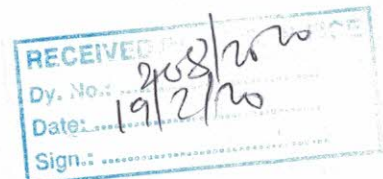
19/02/2020

उप महाप्रबन्धक / मानव संसाधन-IV

प्रशासन

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

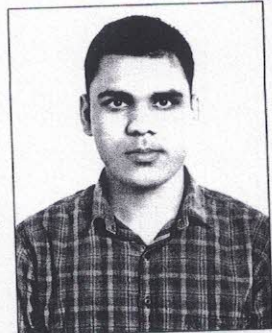
19/2/20



Medical Report

Roll No. 35098010070
 Post M.T.S.

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):

BIMAL KUMAR BHARATI

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

25 years 10 months

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

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)

<u>58</u>		<u>1, 30</u>	<u>Unknown</u>	<u>51</u>		<u>1, 21</u>	
<u>Good</u>		<u>1</u>		<u>Good</u>		<u>Good</u>	

Contd.....

Roll No. 35098010070

Present Address VILL- NAWKADIA NAGADAM CHAUHANUNARMA
Po- JHAJHA PS- JHAJHA DIST- JAMUI
BIHAR PIN- 811308

Identification marks BURM MARK ON LEFT ARM

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.

Bimal Kumar Bharati
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) Bimal Kumar Bharati

Physical examination

Good..... Fair..... Poor.....
 Nutrition Thin..... average.....
 Obese..... N.P.
 Height (without shoes) 170cm
 Weight..... Best Weight.....
 When? Any recent change in
 Weight 67 kg
 Temperature.....
 Girth of chest:-
 (i) (After full inspiration) 100cm
 (ii) (After full expiration) 94cm
 2. Skin - Any obvious disease
 NAD

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..... NO
 vi. Visual acuity 6/6
 vii. Fundus Examination..... NAD

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.	21-6				
	L.E.	21-6				
Hypermetropia (Manifest)	R.E.					
	L.E.					

4. Ears: Inspection NP

Hearing NP Right Ear NP

Left Ear NP

5. Glands: Thyroid NP

6. Condition of teeth NP

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

If yes, explain fully NP

8. Circulatory system: NP

(a) Heart: Any organic lesions? NP

Rate

Standing 80 bpm

After hopping 25 times

Two minutes after hopping

(b) Blood Pressure: Systolic 130

Diastolic 80

9. Abdomen: Girth 92 cm

Tenderness NP

Hernia NP

(a) Palpable:

Liver NP Spleen NP

Kidneys NP Tumors NP

9.(b) Haemorrhoids NP

Fistula NP

10. Nervous System: Indications of nervous or mental disabilities NP

NP

11. Loco-Motor System: Any abnormality NP

NP

12(A) Genito Urinary System: Any evidence of Hydrocele, Varicocele etc. NP

Urine analysis: NP

(a) Physical Appearance NP

(b) Sp. Gravity NP

(c) Albumin NP

(d) Sugar NP

(e) Casts NP

(f) Cells NP

12(B) Report of X-ray examination of chest NP

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. 35098010070

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri Bimal Kumar Bhardwaj Roll No., 35098010070 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:

R. K. SAIKIA
M.B.B.S., D.I.H
Casualty Medical Officer
Reg. No. DMG-2535
Kailash Hospital & Heart Institute
H-33, Sector-27, Noida