



डीकेटेड फ्रेट कोरीडोर

**Dedicated Freight Corridor Corporation of India Ltd.**

**(A Government of India Enterprises)**

5<sup>th</sup> Floor, Pragati Maidan, Metro Station Building Complex, New Delhi- 110001

Corporate Identity Number U60232DL2006GOI155068

Web: [www.dfccil.com](http://www.dfccil.com)

No. 2020/HQ/Admin/RTI-25

New Delhi: 16.01.2020

Sh. Shrishail Mali  
Karnataka

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

**Reference: Your RTI Application dated 09.01.2020 received through DOPT.**

Information i. r. o. your above RTI application as received 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](mailto:skpanda@dfcc.co.in)**

**9717636811**

DA: 05 sheets

आर. टी. आई. मामला

अति आवश्यक

दिनांक: 15.01.2020

**Name of Applicant: Online RTI Application of Sh. Shrishail Mali, Bijapur.**

Ref: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-25 Dated: 10.01.2020

The above online RTI application received by the undersigned on 10.01.2020, which is forwarded by the deemed PIO. On scrutiny, it is found that in the above said online RTI application pertains to Rectt. Section. Information sought in details and proposed reply/ remarks are as under:

Item No.	Information Sought	Proposed Reply/Remarks
1	Please provide medical report of Roll No. 15008080020. Post Jr. Executive(S&T) against advt 11/2018.	As per available record, copy of Medical Report of Roll No. 15008080020 (Shrishail Mali), Post- Jr. Executive (S&T) is attached (04 pages).

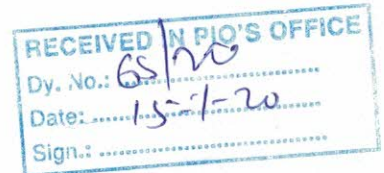
DGM/Admin.(PIO) may obtain the necessary fee for providing the above information, as per RTI Act. 2005.

*Handwritten signature and date: 15-01-2020*

उप महाप्रबन्धक / मानव संसाधन-IV

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

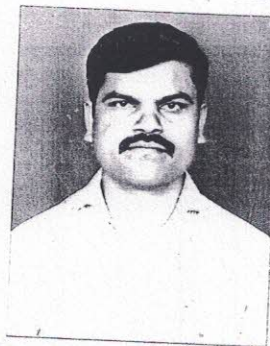
*Handwritten signature and date: 15/1*



Medical Report.

Roll No. 15002080020

Post JI. Exccut. (G-II) Medical At. Kailash Hospital



(a) Candidate's statement and declaration.

The candidate must make the statement required below prior to his Medical Report. He must sign the declaration 'appended thereto'.

1. State your name in full (in block letters):

SHRISHAIL MALI

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

age - 32, Karnataka, Bijapur, Hubani

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:

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:

or

3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment:

3(c) Whether underwent any eye surgery (Radical Keratotomy/ Lasik/ Excimer etc.) at any time. If yes, details thereof:

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

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.....

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)

70, Good, 54, Good, 38, Good, - 65, Good, 37, Good,

Contd.....

Roll No. ....

Present Address Shrishail Mali


S/O Tukaram L. Mali

at post Hebanur, Tq, A. Dist - Bijapur - 586114 (Karnataka)

Identification marks .....

7. Have you 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 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) ..... 171 cm .....  
 Weight 71.5 kg ..... Best Weight .....  
 When? ..... Any recent change in  
 Weight .....  
 Temperature ..... (N) .....  
 Girth of chest:-  
 (i) (After full inspiration) ..... 99 cm .....  
 (ii) (After full expiration) ..... 92 cm .....  
 2. Skin - Any obvious disease .....  
 ..... (N) .....  
 .....

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 .....  
 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. L.E.	6/6 6/6				
Near Vision R.E. L.E.	20/20 20/20				
Hypermetropia (Manifest) R.E. L.E.					

DR. ATUL SINGH  
MBBS, MS  
EYE Surgeon & Specialist Phaco IOL Surgery  
KAILASH HOSPITAL & HEART INSTITUTE  
Reg. No. 19356

DR. ISHAK LAINI  
MBBS, MS  
Jt. Consultant  
Radiologist

4. Ears: Inspection .....

Hearing ..... Right Ear .....

Left Ear .....

5. Glands: ND Thyroid NP

6. Condition of teeth MAP

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

If yes, explain fully MAP

8. Circulatory system: MAP

(a) Heart: Any organic lesions?

Rate - 74 beats/min

Standing .....

After hopping 25 times 106/min

Two minutes after hopping .....

(b) Blood Pressure: Systolic 140 mmHg

Diastolic 90 mmHg

9. Abdomen: Girth 88 cm

Tenderness 1 ml

Hernia 1 ml

(a) Palpable:

Liver ..... Spleen /N.P

Kidneys /N.P Tumors /N.P

9.(b) Haemorrhoids .....

Fistula MAP

10. Nervous System: Indications of nervous or mental disabilities

MAP

11. Loco-Motor System: Any abnormality

MAP

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

Urine analysis: MAP

(a) Physical Appearance

(b) Sp. Gravity

(c) Albumin

(d) Sugar

(e) Casts

(f) Cells

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

MAP

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. 15008020020

Is the candidate fit for the field service? ..... Yes .....

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

CERTIFICATE

Shri SHRISHAIL MALI, Roll No., 15008020020 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

- (i) Fit in B1 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:

[Signature]  
22/8/19  
Dr. R. K. SANKHIA  
Casualty Medical Officer  
Reg. No. DMC-2535  
Kailash Hospital & Heart Institute  
B-10, Sector-17, Gurgaon