



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-29

New Delhi: 16.01.2020

Sh. Ravi Prakash
Bihar

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

Reference: Your RTI Application dated 10.01.2020 & 11.01.2020 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.

Your both the above applications contain common point. So the info. sent herein will dispose both the applications ref. to above.

SKP
(S.K.PANDA)

Dy. G.M/Admn.(PIO)

E-mail: skpanda@dfcc.co.in

9717636811

DA: 05 sheets

Copy to be kept in F.No. 2020/HQ/Admin/RTI-32

SKP

दिनांक: 15.01.2020

Name of Applicant: Online RTI Application of Sh. Ravi Prakash, Muzaffarpur.

Ref: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-29 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	Kindly provide Medical report of Roll No. 35096080046, Name- Ravi Prakash,, Post-Jr. Executive(S&T), against Advt no.- 11/2018.	As per available record, copy of Medical Report of Roll No. 35096080046, Name- Ravi Prakash, Post- Jr. Executive (S&T) against Advt. No. 11/2018 is attached (04 pages).

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

Ram
15-01-2020

उप महाप्रबन्धक / मानव संसाधन-IV

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

Ram
15/1

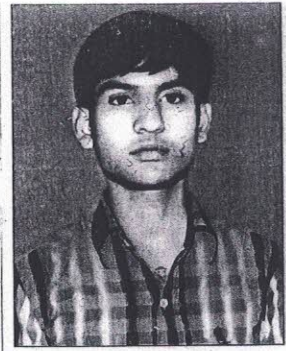
RECEIVED IN PIO'S OFFICE
Dy. No.: 65/20
Date: 15-1-20
Sign.:

Medical Report

Roll No. 35096080046

Post Jr. Executive
S & T

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):

RAVI PRAKASH

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

24 years Hussepur Mathiya
(Bihar)

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)

55

1

49

2

21

30, 27

good

good

good

good

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. 12/6 L.E. 12/6				
Hypermetropia (Manifest)	R.E. L.E.				

Dr. ATUL JAIN
MBBS, MS
EYE Surgeon & Specialist Phaco
IOL Surgery
KALASH HOSPITAL & HEART INSTITUTE
Reg. No. 19356

4. Ears: Inspection MAO
 Hearing CV. & FW. Right Ear 600 cm
 Left Ear 600 cm
 5. Glands: NA Thyroid ND
 6. Condition of teeth MAO
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
Consultant ENT Reg. No. 3975 Kalash Hospital & Heart Institute, Noida
 If yes, explain fully MAO
 8. Circulatory system: MAO
 (a) Heart: Any organic lesions?
 Rate - 73 beats/min
 Standing
 After hopping 25 times 1.06/min
 Two minutes after hopping
 (b) Blood Pressure: Systolic 130 mmHg
 Diastolic 90 mmHg
 9. Abdomen: Girth 86 cm
 Tenderness MAO
 Hernia MAO
 (a) Palpable:
 Liver MAO Spleen MAO
 Kidneys N.P. Tumors N.P.

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

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. 35096080046

Is the candidate fit for the field service? yes

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

CERTIFICATE

Shri Ravi Prakash, Roll No., 35096080046 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

(i) Fit in B, 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:

Prakash
22/8/19
DR. RAVI PRAKASH
M.B.B.S., D.I.H.
Casualty Medical Officer
Reg. No. DMG-2635
Kallan Hospital & Dept Institute
1403, Sector-27, Indira