



डीकेटेड फ्रेट कोरीडोर

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-30

New Delhi: 16.01.2020

Sh. Vikas Singh Rajpoot
Madhya Pradesh

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

Reference: Your RTI Application dated 10.01.2020 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

9717636811

DA: 05 sheets

दिनांक: 15.01.2020

Name of Applicant: Online RTI Application of Sh. Vikas Singh Rajpoot, Jabalpur.

Ref: DGM/Admin.(PIO)'s Note No. 2020/HQ/ADMIN/RTI-30 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 test report of Roll No. 29068080037, Post- Junior Executive(S&T), against Advertisement no.- 11/2018.	As per available record, copy of Medical test Report of Roll No. 29068080037, Post- Junior Executive(S&T), against Advertisement 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.

[Handwritten Signature]
15-01-2020

उप महाप्रबन्धक / मानव संसाधन-IV

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

[Handwritten Signature]
15/1

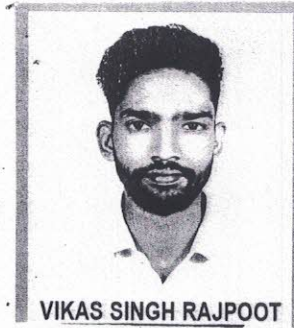
[Handwritten Signature]

RECEIVED IN PIO'S OFFICE	
Dy. No.:	65120
Date:	15-1-20
Sign.:	

Medical Report

Roll No. 29068080037

Post For Executive (S&T) Medical At. Kaul. B. H. Hospital



VIKAS SINGH RAJPOOT

(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):

VIKAS SINGH RAJPOOT

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

25 MADHYA PRADESH

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)
	41 years	01		47 years		01	
	By Heart Attack	22 years		good		21 year	
		good				good	

Contd.....

Present Address H.No. 149/4, VILLAGE POST KAIMORI, PATAN
DIST. JABALPUR, MADHYA PRADESH
Pin - 483113

Identification marks Cut mark on forehead.

7. Have you been examined by Medical Board before? <u>No</u>	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
[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) VIKAS SINGH RAJPOOT

Physical examination
 Good..... Fair..... Poor.
 Nutrition Thin. average.....
 Obese.....
 Height (without shoes) 180 cm
 Weight 49 kg Best Weight.....
 When?..... Any recent change in Weight.....
 Temperature (N)
 Girth of chest:-
 (i) (After full inspiration) 80 cm
 (ii) (After full expiration) 78 cm
 2. Skin - Any obvious disease.....
N/A

3. Eyes
 i. Any disease.....
 ii. Night Blindness.....
 iii. Colour vision.....
 a) Ishihara.....
 b) EGL 13 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.	4/9	4/9		
	L.E.	4/6	4/6		
Near Vision	R.E.	Hand	Hand		
	L.E.	Hand	Hand		
Hypermetropia (Manifest)	R.E.				
	L.E.				

Dr. ATUL SINGH
 MBBS MS
 EYE Surgeon & Specialist Paed
 IOL Surgery
 KAILASH HOSPITAL & HEART INSTITUTE
 Reg. No. 19356

4. Ears: Inspection N
 Hearing N Right Ear N
 Left Ear N
 5. Glands NP Thyroid NP
 6. Condition of teeth MPD
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
MPD

If yes, explain fully MPD

8. Circulatory system: MPD

(a) Heart: Any organic lesions?
 Rate - 66 beats/min
 Standing 10.4/min
 After hopping 25 times
 Two minutes after hopping

(b) Blood Pressure: Systolic 130 mm/Hg
 Diastolic 80 mm/Hg

9. Abdomen: Girth 74 cm

Tenderness MPD

Hernia MPD

(a) Palpable:

Liver MPD Spleen MPD

Kidneys NP Tumors NP

9.(b) Haemorrhoids MPD
 Fistula MPD

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

11. Loco-Motor System: Any abnormality MPD

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

Urine analysis: MPD

(a) Physical Appearance MPD

(b) Sp. Gravity MPD

(c) Albumin MPD

(d) Sugar MPD

(e) Casts MPD

(f) Cells MPD

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

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. 29068080037

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri VIKASSINGH RAIPOOT, Roll No. 29068080037 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:

Dr. R. SAIKA
M.B.B.S., D.I.C.
Community Medical Officer
Reg. No. DMC-2535
Kailash Hospital & Heart Institute
No. 3, Sector-27, Gurgaon