

Note

No. 2019/HQ/HR/I(IX)/RTI/PT.2 (201901119)

Dated: 29.05.2020

Sub: Application of Shri Ramkesh Meena, R/o Rajasthan, under RTI Act-2005.

Reply to RTI No. 326

S. No.	Information Sought For:	Proposed Reply/Remarks
01	Name- Ramkesh Meena MTS Operating Roll no 27058010072 show my medical report.	Copy of Medical Report is enclosed.

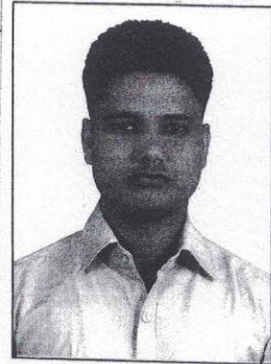


Manager/HR

DGM/Admin (PIO)



16/6/2020



Roll No. 27058010072 Medical Report
 Post MFS (Operating) 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):

RAMKESH MEENA

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

23 years, DHOLI

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

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)
57 years	no	15 years	no	58 years		19 years	
good		good		good		good	

Contd.....

Roll No. 210590/0072

Present Address ... VILL-DHOLI, POST-CHHAREDA, T&H-
RAMNARH PACHWARA, DIST-DASA, STATE-RAJASTHAN
PIN-303545

Identification marks ... MOLE ON LEFT CHEEK

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 infirmity 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.

रामकेश जीना
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) ... Ramkesh Meena

Physical examination

Good..... Fair..... Poor.....
 Nutrition Thin..... average.....
 Obese.....
 Height (without shoes) ... 163cm
 Weight..... Best Weight.....
 When?..... Any recent change in
 Weight ... 56kg
 Temperature.....
 Girth of chest:-
 (i) (After full inspiration) 96cm
 (ii) (After full expiration) 91cm
 2. Skin - Any obvious disease

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.				
	L.E.				
Near Vision	R.E.				
	L.E.				
Hypermetropia (Manifest)	R.E.				
	L.E.				

B/1 cm ent...
 running path...
 Kailash Hospital, Kailash Institute, Noida

4. Ears: Inspection
 Hearing Right Ear
 Left Ear
 5. Glands: Thyroid
 6. Condition of teeth
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
 If yes, explain fully
 8. Circulatory system:
 (a) Heart: Any organic lesions?
 Rate
 Standing
 After hopping 25 times
 Two minutes after hopping
 (b) Blood Pressure: Systolic
 Diastolic
 9. Abdomen: Girth
 Tenderness
 Hernia
 (a) Palpable:
 Liver Spleen
 Kidneys Tumors

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

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. 270580/0072

Is the candidate fit for the field service?

Yes

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

CERTIFICATE

Shri RAMKESH MEENA, Roll No., 270580/0072 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:


DMR K. SAIKIA
M.B.B.S., D.I.H.
Casualty Medical Officer
Reg. No. DMC-2539
Kailash Hospital & Heart Institute
H-33, Sector-27, Noida