

Note

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

Dated: 29.05.2020


Sub: Application of Shri Kanhaiya Lal Sahu, R/o Madhya Pradesh, under RTI Act-2005.

Reply to RTI No. 327

S. No.	Information Sought For:	Proposed Reply/Remarks	
Advt-no. 10/2018 Post of Multi Tasking Staff (Grate-IV) (OPERATING), NAME- <u>Kanhaiya Lal Sahu</u>, Roll No. <u>16011010137</u>, Rank-209			
01	Report of my medical status.	Copy of Medical Report is enclosed.	
02	Timing of my medical efficiency test.	PET	Net time taken by candidate
		100 Metre	0:00:42
		1000 Metre	0:03:49:800


Manager/HR

DGM/Admin (PIO)


16/6/2020

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Medical Report

Roll No. 16011010137
Post (M.T.S. OPERATING) Medical At KAILASH HOSPITAL
& REASA NOIDA

(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):

MADHYAPRADESH

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

27 year DINDORI

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.....

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)
54		1		47		2	
Healthy				Healthy		20	
						25	
						Healthy	

Contd.....

Roll No. 16011010137

Present Address S/O GANPAT LAL 297, KATHOTIYA, BLOCK MEHADWANI, TAH. SHAHPURA, DISTT. DINDORI, M.P. (481672)

Identification marks CUT MARK ON RIGHT EYE BROW

Table with 2 columns and 4 rows containing questions 7-11 regarding medical board examination details.

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.

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) 165cm Weight..... Best Weight..... When?..... Any recent change in Weight 78kg Temperature..... Girth of chest: (i) (After full inspiration) 105cm (ii) (After full expiration) 99cm 2. Skin - Any obvious disease

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.

Stamp: HIGH SURGEON

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/LTM anted

4. Ears: Inspection *Right ear positive both ears*
 Hearing *5/2m* Right Ear *with center*
 Left Ear *with center*
5. Glands: *NP* Thyroid *NP*
6. Condition of teeth *MPD*
7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
 If yes, explain fully *MPD*
8. Circulatory system: *MPD*
 (a) Heart: Any organic lesions?
 Rate *78 bpm*
 Standing *92 bpm*
 After hopping 25 times
 Two minutes after hopping
- (b) Blood Pressure: Systolic *120*
 Diastolic *70*
9. Abdomen: Girth *105 cm*
 Tenderness *MPD*
 Hernia *MPD*
 (a) Palpable:
 Liver *MPD* Spleen *MPD*
 Kidneys *MPD* Tumors *MPD*
- 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:
 (a) Physical Appearance *pale yellow*
 (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.

Roll. No. 16011010137

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri KANHAIYA LAL SAHU Roll No. 16011010137 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

- (i) Fit in A medical 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:

Gagan
12/2020
Dr. (MS) GAGAN GROVER
M.B.B.S., D.H.A.
Medical Officer
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida