

**Note**

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

Dated: 29.05.2020  
16/06/2020


Sub: Application of Shri Pramod Kumar Midal, R/o Rajasthan, under RTI Act-2005.

Reply to RTI No. 337

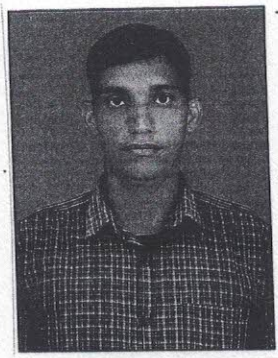
S. No.	Information Sought For:	Proposed Reply/Remarks
01	Please provide my Medical Report. My Roll no- 27061010351, Name-Pramod Kumar Midal. I have applied for the post-MTS Operating against Advt no-11 /2018	Copy of Medical Report is enclosed.

  
16/06/2020  
Manager/HR

DGM/Admin (PIO)

  
16/06/2020

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### Medical Report

Roll No. 27061010351

Post MFS (operating) Medical At. Railash 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):

PRAMOD KUMAR MIDAL

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

RAJASTHAN (SIKAR): 28 years

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:

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)
	<u>YES</u>	<u>NO</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>55</u>	<u>30</u>		<u>50</u>		<u>35</u>	
	<u>Good</u>	<u>Good</u>		<u>BAD</u>		<u>Good</u>	

Contd.....

Roll No. 27061010351

Present Address ~~PURVI~~ Ward No - 4 PURVI Ramwa ki DHANI  
JACHAS - SIKAR (RAJASTHAN) PIN - 332023

Identification marks: Cut mark on forehead above left eye

7. Have you been examined by Medical Board before? NO	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? NO	11. Result of the Medical Board's examination. If communicated to you or if known:- NO
9. Who was the examining authority? NO	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 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.

*JAG DHAIC*  
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) *Pramod Kumar Nishal*

Physical examination

Good..... Fair...  ... Poor.....  
 Nutrition Thin..... average...   
 Obese.....   
 Height (without shoes) ..... 1.68 m  
 Weight..... Best Weight.....  
 When? ..... Any recent change in  
 Weight ..... 64 kg  
 Temperature .....  
 Girth of chest:-  
 (i) (After full inspiration) ..... 92 cm  
 (ii) (After full expiration) ..... 80 cm  
 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.				

Dr. IS. JA JAIN  
Jr. Consultant  
Reg. No. 15  
MBBS, MS  
Noida

4. Ears: Inspection OK  
 Hearing OK Right Ear OK  
 Left Ear OK  
 5. Glands: MP Thyroid MP  
 6. Condition of teeth NAD  
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?  
 If yes, explain fully NAD  
 8. Circulatory system: NAD  
 (a) Heart: Any organic lesions?  
 Rate  
 Standing 82 beats/min  
 After hopping 25 times  
 Two minutes after hopping  
 (b) Blood Pressure: Systolic 110 mm Hg  
 Diastolic 70  
 9. Abdomen: Girth 80 cm  
 Tenderness NI  
 Hernia NI  
 (a) Palpable:  
 Liver MP Spleen MP  
 Kidneys MP Tumors MP

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

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. 27061010351

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

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

CERTIFICATE

Shri PRAMOD KUMAR MIDAN Roll No., 27061010351 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 2 Med. Category
- (ii) Unfit on account of \_\_\_\_\_
- (iii) Temporarily unfit on account of \_\_\_\_\_
- (iv) Fit only for specified vacancy reserved for physically impaired \_\_\_\_\_

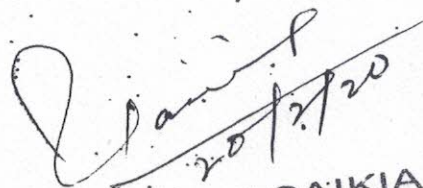
Sign of Member with Stamp

Sign of Member with Stamp

Sign. of Chairman with stamp

Date:

Place:

  
20/7/20  
**Dr. R. K. SAIKIA**  
M.B.B.S., D.I.H.  
Casualty Medical Officer  
Reg. No. DMC-2535  
Kailash Hospital & Heart Institute  
H-33, Sector-27, Noida