

207

Note

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

Dated: 08.06.2020

Sub: Application of Shri Rabi Kumar Ram, R/o West Bengal, under RTI Act-2005.

Reply to RTI No. 290 & 300 (~~Both are same~~), 298 & 357

S. No.	Information Sought For:	Proposed Reply/Remarks
01	My name is Rabi Kumar Ram and my registration number is DFCCIL 1018750 and my roll number is 28066010105 post is MTS OPERATING is centralized employment notice number – 11/2018. Sir please provide my medical report	Copy of Medical Report is enclosed.

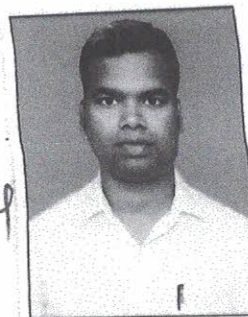

22/06/2020
Manager/HR

DGM/Admin (PIO)

Medical Report

Roll No. 28066010105

Post MTS (OPERATING) Medical At. Kandam Halim



(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):

RABI KUMAR RAM

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

34 Yrs, ANDAM

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:

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:

or

3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment:

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

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.....

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)
62	-	27	-	55	-	35	-
Uncle	-	Uncle	-	Uncle	-	Uncle	-

Contd.....

Present Address C10 SHYAM COTTAGE

SUBHAS NAGAR DASPARA

POST-IPS - ANDAL DIST - PASCHIM BURDWAN

STATE - WEST BENGAL, PIN - 713321

Identification marks A MOLE MARK ON LEFT SIDE NOSE

7. Have your 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.

Rabi Kumar Ram
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..... NO
 Height (without shoes)..... 167 CM
 Weight..... Best Weight.....
 When?..... Any recent change in
 Weight..... 57 kg
 Temperature..... 100
 Girth of chest:-
 (i) (After full inspiration)..... 100cm
 (ii) (After full expiration)..... 94cm
 2. Skin - Any obvious disease.....
NO

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..... NO
 v. Binocular vision.....
 vi. Visual acuity..... 6/6
 vii. Fundus Examination..... NO

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..... X

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.				

4. Ears: Inspection NO
 Hearing NO Right Ear NO
 Left Ear NO
 5. Glands: NO Thyroid NO
 6. Condition of teeth NO
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?
 If yes, explain fully NO

8. Circulatory system: NO
 (a) Heart: Any organic lesions?
 Rate 82b/m
 Standing
 After hopping 25 times 98/min
 Two minutes after hopping
 (b) Blood Pressure: Systolic 120
 Diastolic 80
 9. Abdomen: Girth 90cm
 Tenderness NO
 Hernia NO
 (a) Palpable:
 Liver NO Spleen NO
 Kidneys NO Tumors NO

9.(b) Haemorrhoids NO
 Fistula NO
 10. Nervous System: Indications of nervous or mental disabilities NO
 11. Loco-Motor System: Any abnormality NO
 12(A) Genito Urinary System: Any evidence of Hydrocele, Varicocele etc. NO
 Urine analysis:
 (a) Physical Appearance NO
 (b) Sp. Gravity NO
 (c) Albumin NO
 (d) Sugar NO
 (e) Casts NO
 (f) Cells NO
 12(B) Report of X-ray examination of chest NO

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. 28066010105

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri RABI KUMAR RAM Roll No., 28066010105 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 _____

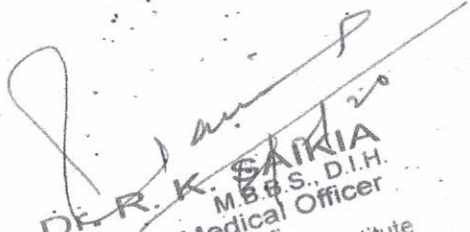
Sign of Member
with Stamp

Sign of Member
with Stamp

Sign. of Chairman
with stamp

Date:

Place:


DR. R. K. SARKIA
M.B.B.S., D.I.H.
Casualty Medical Officer
Reg. No. DMC-2535
Rafash Hospital & Heart Institute
33, Sector-27, Noida