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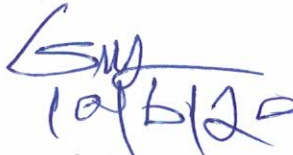
No. 2019/HQ/HR/I(IX)/RTI/PT.2 (201901119)

Dated:10.06.2020

Sub: Application of Shri MD Masood Alam, R/o Bihar, under RTI Act-2005.

Reply to RTI No. 382

S. No.	Information Sought For:	Proposed Reply/Remarks
1	Please Provide me my medical report. I have selected for post MTS/ELECTRICAL. Against Advt. No- 11/2018. My Roll No-35097010012 My Reg. No- DFCCIL1084173 Name- Md Masood Alam S/o- Mahmood Alam	Copy of Medical Report is Enclosed.


DGM/HR

DGM/Admin (PIO)

Medical Report

Roll No. 35097010012

Post M.T.S. (ELECTRICAL) Medical At KAILASH HOSPITAL
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):

MD. MASOOD ALAM

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

24 Yrs (GAYA)

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.....

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>55</u>	<u>1</u>	<u>46</u>	<u>02</u>
<u>BIHAR</u>	<u>BIHAR</u>	<u>BIHAR</u>	<u>BIHAR</u>
<u>GOOD</u>	<u>GOOD</u>	<u>GOOD</u>	<u>GOOD</u>

Contd.....

Present Address NEW ALI GANT NEAR - SHATABDI
PUBLIC SCHOOL, GAYA (BIHAR) - 823001

Identification marks A MOLE ON RIGHT HAND

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.

Md. Masud Alam
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) 1.68 m.....
 Weight..... 49 kg..... Best Weight.....
 When? Any recent change in Weight.....
 Temperature (N).....
 Girth of chest-
 (i) (After full inspiration) 78 cm.....
 (ii) (After full expiration) 74 cm.....
 2. Skin - Any obvious disease n.a......

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 MAJ
 vi. Visual acuity 6/6
 vii. Fundus Examination n.a.

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.				

4. Ears: Inspection NAD
 Hearing NAD Right Ear NAD
 Left Ear NAD
 5. Glands: NAD Thyroid NAD
 6. Condition of teeth NAD
 7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? NAD
 If yes, explain fully
 8. Circulatory system: NAD
 (a) Heart: Any organic lesions? NAD
 Rate 88 b/min
 Standing
 After hopping 25 times 102 min
 Two minutes after hopping
 (b) Blood Pressure: Systolic 150
 Diastolic 100
 9. Abdomen: Girth 88 cm
 Tenderness NAD
 Hernia NAD
 (a) Palpable:
 Liver NAD Spleen NAD
 Kidneys NAD Tumors NAD

9.(b) Haemorrhoids NAD
 Fistula NAD
 10. Nervous System: Indications of nervous or mental disabilities NAD

11. Loco-Motor System: Any abnormality Post Polio Residual Paraplegia of lower limb - 42% disability

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

(a) Physical Appearance pale yellow
 (b) Sp. Gravity WNL
 (c) Albumin AD Adv: to consult physician
 (d) Sugar NAD
 (e) Casts NAD
 (f) Cells nil pus cells - 1-2/HPF

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? Post Polio Residual paraplegia of L lower limb - 42% disability

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. 35097010012

Is the candidate fit for the field service?

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

CERTIFICATE

Shri MD MASOOD ALAM Roll No. 35097010012 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

- (i) Fit in B, 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: 01.02.2020

Place:

Gagan
3/2/2020

Dr. (Ms.) GAGAN GROVER
M.B.B.S., D.H.A.
Medical Officer, Health Check-up
Reg. No. MCI 13554
Kailash Hospital & Health Institute, Noida