



डेडीकेटेड फ्रेट कोरीडोर

डेडीकेटेड फ्रेट कोरीडोर कॉर्पोरेशन ऑफ इंडिया लि.

भारत सरकार (रेल मंत्रालय) का उपक्रम

Dedicated Freight Corridor Corporation of India Limited

A Govt. of India (Ministry of Railways) Enterprise

No. 2020/HQ/Admin/RTI-638

New Delhi: 27.08.2020

Sh. Vijay Kumar
UP

Subject: Providing information w.r.t. Original Application received under the RTI Act.2005.

Reference: Your RTI application dated 19.08.2020 received through DOPT.

Information as obtained from the concerned record holding office is attached.

Hope the above information is complete and satisfactory. If not, then you can appeal within 30 days of receipt of the letter to the 1st Appellate Authority whose name and address is as under;

Ms. R. P. Chhibber
GM/Administration DFCCIL,
5th Floor, Supreme Court Metro Station Building,
Pragati Maidan, New Delhi-110001.

(S.K. Roy)

Dy. G.M/Admn.(PIO)

E-mail: skroy@dfcc.co.in

011-23454707

DA: 05 sheets

Medical Report

Roll No. 20029060128

Post Executive A. (S & P.F.)

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):

VIJAY KUMAR

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

24 Shamli

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. 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>55</u>	<u>1</u>	<u>1</u>	<u>50</u>	<u>50</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Normal</u>		<u>Normal</u>		<u>Normal</u>		<u>Normal</u>	

Contd.....

Present Address S39 Taharpur bhabra
Shamli U.P. (247775)

Identification marks mark on forehead

7. Have you been examined by Medical Board before?	10. When & where was the Medical Board held?
<u>NO</u>	
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 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.

Candidate's Signature.

Niguz

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) 191 cm
 Weight..... 101 kg..... Best Weight.....
 When? Any recent change in Weight.....
 Temperature..... AD
 Girth of chest-
 (i) (After full inspiration) 115 cm
 (ii) (After full expiration) 110 cm

2. Skin - Any obvious disease

MAD

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

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. 6/6 L.E. 6/6				
Near Vision	R.E. 2/3 L.E. 2/3				
Hypermetropia (Manifest)	R.E. L.E.				

Jr. Col. Reg. M. Karnataka
 MBBS, MS
 528
 Headings

4. Ears: Inspection NAD
 Hearing NAD Right Ear NAD Left Ear NAD
 5. Glands: Thyroid NAD
 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 86 bpm
 Standing 120
 After hopping 25 times 120
 Two minutes after hopping 120
 (b) Blood Pressure: Systolic 140
 Diastolic 80 mmHg
 9. Abdomen: Girth 118 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 NAD
 12(A) Genito Urinary System: Any evidence of Hydrocele, Varicocele etc. NAD
 Urine analysis:
 (a) Physical Appearance pale yellow
 (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? NAD

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. 20029060128

Is the candidate fit for the field service? Yes

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

CERTIFICATE

Shri VIJAY KUMAR Roll No. 20029060128 a candidate of Advt. 11/2018 who has appeared for his first medical examination /re-examination (date) is found to be:

- (i) Fit in A3 cat
- (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:

Jan 20
Dr. ANJAN GROVER
M.B.B.S., D.H.A.
Medical Officer
Reg. No. MCI 18854
Kallash Hospital & Heart Institute, Noida