



डेडीकेटेड फ्रेट कोरीडोर कॉर्पोरेशन ऑफ़ इंडिया लि.

भारत सरकार (रेल मंत्रालय) का उपक्रम

Dedicated Freight Corridor Corporation of India Limited

A Govt. of India (Ministry of Railways) Enterprise

No. 2024/HQ/Admin/RTI-739

New Delhi: 07.08.2024

Sh. Kumar Soni Tarun
MP

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

Reference: RTI application dated 15.07.2024 (Registration No. DFCCIL/R/E/24/00664) and received through DOPT portal.

Information, as obtained from the concerned record holding office, is as under;

S. No	Point No.	Information sought	Information provided
1.	a	Refer to the original RTI application	Information is attached.
2.	d	dt.	The target for completion is 2025.
3.	b,c,e	15.07.2024	Information is not available.

First Appeal if any may be made to the First Appellate Authority within 30 days of receipt of reply. The name, designation & address of the First Appellate Authority is as under;

Mr. Gaurav Sharma
GM/Administration DFCCIL,
5th Floor, Supreme Court Metro Station Building,
Pragati Maidan, New Delhi-110001

(S.K. Panda)
AGM/Admn.(PIO)
Mob.-9717636811
E-mail: skpanda@dfcc.co.in

Note

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


Dated: .08.2024

Sub: Application of Shri Kumar Soni Tarun, R/o Madhya Pradesh, Dated: 15.07.2024 under RTI Act-2005.

Reply to RTI No. 739

S.No.	Information Sought For:	Proposed Reply/Remarks
1	MY NAME IS TARUN KUMAR SONI I AM APPEARED IN PRE EMPLOYMENT MEDICAL EXAMINATION FOR EXECUTIVE OP BD AT KAILASH HOSPITAL SECTOR TWENTY SEVEN NOIDA ON TENTH JULY PLEASE PROVIDE MY COMPLETE MEDICAL EXAMINATION REPORT AND CERTIFICATE IN DETAILS MY ROLL NUMBER ATTACHED BELOW	Your Pre-Employment Medical Test report is attached.

AGM/HR


DGM/HR

AGM/Admin (PIO)

Medical Report

Roll No. 1611981300195
 Post Executive..O.P.&Bd

Medical At. KAILASH..HOSPITAL...
SECTOR 27, NOIDA (UP)



(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. Write your name in full (in block letters):

TARUN KUMAR SONI

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

NO

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

29 year Rahatgaon M.P.

3(c) Whether underwent any eye surgery (Radical Keratotomy/ Lasik/ Excimer etc.) at any time. If yes, details thereof:

NO

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

4. Have you suffered from any form of nervousness due to overwork or any other causes

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

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.....

or

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>57 year</u>		<u>1 younger</u>		<u>55 year</u>		<u>NO</u>	
		<u>Brother</u>					
<u>good</u>		<u>27 year</u>		<u>good</u>			
		<u>good</u>					

Contd.....

Present Address SINDHI COLONY, GRAM BABAE KALAN
SALICHOUKA ROAD, TEHSIL QADARWARA, DISTRICT NARSINGHPUR
PIN. 487881, MADHYA PRADESH

Identification marks CUT MARK ON FOREHEAD

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

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.

Candidate's Signature

[Signature]
10/07/2024

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) 168.....
 Weight..... Best Weight.....
 When? Any recent change in
 Weight 76.....
 Temperature 97.2 F.....
 Girth of chest:-
 (i) (After full inspiration) 96.....
 (ii) (After full expiration) 92.....
 2. Skin - Any obvious disease
N/A

3. Eyes

i. Any disease
 ii. Night Blindness
 iii. Colour vision Normal
 a) Ishihara..... 17/17
 b) EGL 1.3 mm
 c) EGL 13 mm
 iv. Field of vision
 v. Binocular vision..... NAD
 vi. Visual acuity
 Vii. Fundus Examination (condit) COM BE

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	6/6				
R.E.	6/6				
L.E.	6/6				
Near Vision	No				
R.E.	No				
L.E.	No				
Hypermetropia Vision (Manifest)					
R.E.					
L.E.					

4. Ears: Inspection *Dr. Eardrum*

Hearing..... *OK* Right Ear..... *(N)*

Left Ear..... *OK* Right Ear.....

5. Glands..... 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:-

(a) Heart: Any organic lesions?

Rate = *72 b/min*

Standing.....

After hopping 25 times..... *108 b/min*

Two minutes after hopping *72 b/min*

(b) Blood Pressure: Systolic..... *120*

Diastolic..... *80*

9. Abdomen: Girth..... *88*

Tenderness..... *N/A*

Hernia..... *N/A*

(a) Palpable:-

Liver..... Spleen.....

Kidneys..... Tumors.....

9(b). Haemorrhoids..... *N/A*

Fistula..... *N/A*

10. Nervous System: Indications of nervous

and mental disabilities.....

..... *NAD*

.....

.....

.....

11. Loco-Motor System: Any abnormality.....

..... *NAD*

.....

12(a) Genito Urinary System: Any evidence

of Hydrocele, Vancocoele etc.

Urine analysis:

(a) Physical Appearance..... *Pale Yellow*

.....

(b) Sp. Gravity..... *1.005*

(c) Albumin..... *NIL*

(d) Sugar..... *NIL*

(e) Casts..... *NIL*

(f) Cells..... *WNL*

12(b). Report of X-ray examination of chest...

Prominent bronchovascular markings... all seen in both lungs.

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, it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit.

Contd....


Is the candidate fit for the field service? ✓

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

CERTIFICATE


Shri/Ms. TARUN KUMAR SONI Roll No., 1611981300195 a candidate of Advt. No. 01/DR/2023 who has appeared for his ~~first~~ medical examination /re-examination 10/07/24 (date) is found to be:

- (i) Fit Fit for A2 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

Dr. (Col) P. Paikaray
M.B.B.S.
Date: 11/07/24
Reg. No. 37475
Place: NOIDA
Kailash Hospital & Heart Institute
Sector-27, Noida


Sign of Member with Stamp
Dr. DIVYA JYOTI ARORA
M.B.B.S, MS
EYE SURGEON
Reg. No. DMC-47576
Kailash Hospital & Heart Institute, Noida


Sign. of Chairman with stamp

Dr. SANJEEV CHAWLA
MS ENT
Consultant ENT Surgeon
Reg. No. MCI-16-23168
Kailash Hospital & Heart Institute, Noida