

Note

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

Dated: 4.08.2024

Sub: Application of Shri Manish Kumar, R/o Uttar Pradesh, Dated: 27.07.2024 under RTI Act-2005.

Reply to RTI No. 789

S.No.	Information Sought For:	Proposed Reply/Remarks
1	Please provide copies of complete medical report with Doctors observations and Hospital medical Report Name: Manish Kumar Roll No.: 1320971300265 Post: Executive/OP&BD	Candidate's (Roll No. 1320971300265) medical report is enclosed.

AGM/HR



AGM/Admin (PIO)



DGM/HR

Medical Report

Roll No. 1320971300265

Post Executive (Operations and Business Development)

Medical At. Kailash Hospital (Sector-27)



(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):

MANISH KUMAR

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

28 yrs Aggra

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>56, GOOD</u>	<u>X</u>	<u>1</u>	<u>X</u>	<u>54</u>	<u>X</u>	<u>1</u>	<u>X</u>
<u>FIT</u>	<u>-</u>	<u>32</u>	<u>-</u>	<u>GOOD</u>	<u>-</u>	<u>33</u>	<u>-</u>
<u>-</u>	<u>-</u>	<u>GOOD</u>	<u>-</u>	<u>FIT</u>	<u>-</u>	<u>GOOD</u>	<u>-</u>
<u>-</u>	<u>-</u>	<u>FIT</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>FIT</u>	<u>-</u>

Contd.....

Present Address 26 VISHNU COLONY SHAHGANJ ALRA (282610)

Identification marks MOLE ON THE RIGHT TOE

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?	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.

Candidate's Signature

Manish

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) 167
 Weight Best Weight
 When? Any recent change in
 Weight 58.9
 Temperature 97.2 F
 Girth of chest-
 (i) (After full inspiration) 84
 (ii) (After full expiration) 90
 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 (normal) CONL 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 R.E. L.E.	6/6 6/6				
Near Vision R.E. L.E.	6/6 6/6				
Hypermetropia Vision (Manifest) R.E. L.E.					

4. Ears: Inspection
 Hearing..... N/A Right Ear..... N/A
 Left Ear..... N/A Right Ear..... N/A
 5. Glands..... (N) Thyroid..... (N)
 6. Condition of teeth.....
 7. Respiratory System: Does physical examination
 Reveal anything abnormal in the respiratory organs?
 N/A
 If yes, explain fully
 8. Circulatory system:-
 (a) Heart: Any organic lesions?
 Rate :- 90 b/min
 Standing.....
 After hopping 25 times..... 104 b/min
 Two minutes after hopping 76 b/min
 (b) Blood Pressure: Systolic... 120
 Diastolic... 80
 9. Abdomen: Girth..... 72
 Tenderness..... N/A
 Hernia..... N/A
 (a) Palpable:-
 Liver..... N/A Spleen..... N/A
 Kidneys..... N/A Tumors.....
- 9(b). Haemorrhoids..... N/A
 Fistula..... N/A
 10. Nervous System: Indications of nervous
 od mental disabilities.....
 N/A
 11. Loco-Motor System: Any abnormality.....
 N/A
 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...
 N/A

Dr. KSHITIJ BHATNAGAR
 Consultant ENT
 Reg. No. - 10340
 Kalash Hospital & Heart Institute, Noide

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. MANISH KUMAR, Roll No., 13209 F1300 265 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 catagory
- (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:
11/07/24
Place:
Noida

Divya
Dr. DIVYA YOTI ARORA
 M.B.B.S., MS
EYE SURGEON
 Reg. No. DMC-47576
 Kailash Hospital & Heart Institute, Noida

Kshitij
Dr. KSHITIJ BHATNAGAR
 M.B.B.S., M.S.
Consultant ENT
 Reg. No. - 10340
 Kailash Hospital & Heart Institute, Noida

P. Paikaray
Dr. (C.M.) P. Paikaray
 M.B.B.S.
 CMC
 Reg. No. 37475
 Kailash Hospital & Heart Institute
 H-33, Sector-27, Noida