

Dedicated Freight Corridor Corporation of India Ltd.

(A Government of India Enterprises)

5th Floor, Pragati Maidan, Metro Station Building Complex, New Delhi- 110001 Corporate Identity Number U60232DL2006GOI155068 Web: dfccil.com

No. 2019/HQ/Admin/RTI-862

New Delhi: 01.01.2020

Sh. Sanjay Sen Jharkhand

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

Reference: Your RTI Application dated 23.12.19 received through DOPT.

Information i. r. o. your above RTI application as received is attached.

Appellate Authority's name and address is as under;

Shri Satish Kothari, GGM/Administration DFCCIL, 5th Floor, Pragati Maidan Metro Station Building, New Delhi-110001.

(S.K.PANDA)

Dy. G.M/Admn.(PIO)

E-mail: skpanda@dfcc.co.in

9717636811

DA: 05 sheets

दिनांक: 26.12.2019

Name of Applicant: Online RTI Application of Sh. Sanjay Sen, Bokaro.

Ref: DGM/Admin.(PIO)'s Note No. 2019/HQ/ADMIN/RTI-862 Dated: 23.12.2019.

The above online RTI application received by the undersigned on 24.12.2019, which is forwarded by the deemed PIO. On scrutiny, it is found that in the above said online RTI application, applicant has sought his medical report. Information sought in details and proposed reply/ remarks are as under:

Item No.	Information Sought	Proposed Reply/Remarks
1	Please provide medical report of Roll No. 28066080070. Post- Jr. Executive (S&T) against Advt 11/2018.	As per available record, copy of Medical Report of Roll No. 28066080070 (Sanjay Sen), Post- Jr. Executive (S&T) is attached (04 pages).

DGM/Admin.(PIO) may obtain the necessary fee for providing the above information, as per RTI Act. 2005.

<u>उप महाप्रबर्न्धक</u> /मानव संसाधन-IV

उप महाप्रबन्धक/ प्रशासन (पी. आई. ओ.)

RECEIVED IN PIO'S OFFICE
Dy. No.: 1417 12019
Date: 26-12-19

Sign.: ...

Medical Report.

Roll No. 28066080070
Post Jr. Executive LS & Medical At Kendent



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'.

State your name in full (in block letters): SANJAY SEN	3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment:
2(a). State your age and birth place. 23. Bokaro Thankhand 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:	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
NO or	Have you joined the said service/post
6. Furnish the following particulars concerning you	familia.
	other's Mother's No. of No. of

living & state of health	death & cause of death	living, their ages & state of health	dead, their ages & cause of death	living & state of health	death & cause of death	living, their ages & state of health	dead, their ages & cause of death
(1)	(2)	(3)	(4)	·(5)	(6)	(7)	(8)
58ys	<u>s.</u>	1		4148			
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· 67000	1	Good		Good	9	• .	
		•:					

Contd....

	Daniandont
Roll No.	28066080070
10.3	0 1

Present Address Negra Shiv M	andir New Colony			
Sologidih, P.O+P.	s - Chas, DIST - Bokaso			
Identification marks . A. Mole Mosk	on left hand little finger			
7. Have your been examined by Medical Board before?	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.				
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 Signature	Signed in my presence			
Canadate 4 or Brataire.	Signature of the Chairman of the Board			
	With date and stamp of the Board			
: (h) Deport of the Medical Decoder (
(b) Report of the Medical Board on (name of	candidate)			
Physical examination Good				
Obese	***************************************			
Height (without shoes)	ii. Night Blindness			
Weight	iii. Colour vision			
Weight	a) Ishihara			
Temperature	. b) EGL 1.3 mm			
Girth of chest:-	· c) EGL 13 mm			
(i) (After full inspiration)	iv. Field of vision			
(ii) (After full expiration) 9.2	*** ***********************************			
2. Skin - Any obvious disease				
NA ()	vi. Visual acuity			
5 5 1 30				
	vii. Fundus Examination			
In case of color blindness please state clearly a Grade Color perception/Low Grade Perception	whether the candidate is fit for services requiring High on of totally color blind.			
	Contd			

Visual Acuity

Acuity of vision	Naked eye	With glasses	· · Strength of glasses			
	7.0	TYTUT GIASSES	Spherical	Cylindrical ·	Axis	
Distant Vision R.E. L.E.	6/10	,	•	المالية	A	
Near Vision R.E.	Wal			urgeon & Special Surger	ialist Prisco	
-lypermetropia Manilest) R.E. L.E.			KAILAS	urgeon & Spec urgeon & Spec HOSPITAL & HE HOSPITAL & HE Reg. No. 19	9350	

107/	
4 Sals Inspection	9.(b) Haemorhoids
Hearing	Fightle : NOO
Telt Fac 18	Fistula
Felt Ear Thyroid Thyroid	10. Nervous System: Indications of nervous or mental
1 Daylold Inyrold	
(V) (Sondition of leeth	A CA-CY
Respiratory System Does physical examination reveal	uisdoilides AVA()
anything abnormal in the respiratory organs?	
and respiratory organist	11. Loco-Motor System: Any abnormality
If yes, explain fully	essy motor of stem. Any autormainty
The state of the s	mo ,
8 Circulate A MA	
8. Circulatory system: WAD	12(A) Genilo Ilinnos Sustant A
(a) Heart: Any organic lesions?	12(A) Genito Urinary System: Any evidence of Hydrocele, Varicocele etc.
Rate - 68 bels mint	Urine analysis:
Standing	
After hopping 25 times	(a) Physical Appearance Dall yellong
Two minutes after hopping	
(b) Blood Pressure: Systolic 130 mm Hg	(b) Sp. Gravily
(b) blood Flessure: Systolic 12.0 11110 H g	(c) Albumia
Diastolic DO mm Hg	(c) Albumin
9. Abdomen: Girth 89. Cm	(d) Sugar AAA
Tenderness	(e) Casts
Hernia*	(f) Cells
(a) Palpable:	() Demoisson franchistorian construction
	12(B) Report of X-ray examination of chest
Liver Spleen Spleen	100:0
Kidneys N Turnors	MAO
Tallois J.	***************************************
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?	render him until for the efficient discharge of his duties in the

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 lemocratily unfit	she is pregnant of 12 weeks standing or over, she should be

ROLL No. 28066080070 Is the candidate fit for the field service? NOTE: The Board should record their findings strictly in the following certificate CERTIFICATE 28066080070 11/2018 who has appeared for his first examination /re-examination medical (date) is found to be: (ii) Unfit on account of (iii) Temporarily unfit on account of (iv) Fit only for specified vacancy reserved for physically impaired_ Sign of Member Sign of Member with Stamp Sign. of Chairman with Stamp with stamp Date: Place:

M.B.B.S., D.H.A.

Hospital & Heart Institute, Noida

cal Officer No. MCI 18854