

Note

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

Dated: 11.09.2024

Sub: Application of Shri Vikash Kumar, R/o Bihar, Dated: 27.08.2024 under RTI Act-2005.

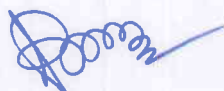
Reply to RTI No. 883

S.No.	Information Sought For:	Proposed Reply/Remarks
1	MY NAME IS VIKASH KUMAR I AM APPEARED IN PRE EMPLOYMENT MEDICAL EXAMINATION FOR THE POST EXECUTIVE OP & BD AT KAILASH HOSPITAL SECTOR TWENTY SEVEN NOIDA ON SIXTEENTH JULY PLEASE PROVIDE MY COMPLETE MEDICAL EXAMINATION REPORT AND CERTIFICATE IN DETAILS MY ROLL NUMBER 1120191300202.	Candidate's (Roll No. 1120191300202) medical report is enclosed.

DGM/HR

AGM/HR

AGM/Admin (PIO)

  
JM/HR (Rectt.)

## Medical Report

Roll No. 1120191300202

Post EXECUTIVE (P.P.&B.D)

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

VIKASH KUMAR

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

28 yr, PATNA

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)

62 yr

PATNA (Bihar)

good

59 yr

PATNA (Bihar)

good

one (1)

38 yr

PATNA (Bihar)

good

Contd.....

Present Address VILLAGE - RAMPUR, POST OFFICE - SONAGOPALPUR,  
POLICE STATION - GAURICHAK, DIST - PATNA,  
STATE - BIHAR, P.I.N. CODE - 800007

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?
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 inaccuracy 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  
Vikash Kumar

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) VIKASH KUMAR

Physical examination

Good  Fair ..... Poor .....  
 Nutrition Thin ..... average  .....  
 Obese .....  
 Height (without shoes) 175 cm  
 Weight 78.1 kg Best Weight .....  
 When? ..... Any recent change in Weight .....  
 Temperature 97.6 F  
 Girth of chest:-  
 (i) (After full inspiration) 97 inches  
 (ii) (After full expiration) 94 inches  
 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 .....  
 vi. Visual acuity NAD  
 vii. Fundus Examination (normal) CONCLSE

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.

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Spherical	Cylindrical	Axis
Distant Vision	6/6				
R.E.					
L.E.	6/6				
Near Vision	N6				
R.E.	N6				
L.E.	N6				
Hypermetropia Vision (Manifest)					
R.E.					
L.E.					

4. Ears: Inspection .....  
 Hearing.....Right Ear.....  
 Left Ear.....Right Ear..... } NAD  
 5. Glands..... Thyroid.....  
 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 86 B/m  
 Standing.....  
 After hopping 25 times..... 125 b/min.....  
 Two minutes after hopping ..... 86 b/min.....  
 (b) Blood Pressure: Systolic..... 100  
 Diastolic..... 70 mm/hg

9. Abdomen: Girth.....  
 Tenderness..... N/A  
 Hernia..... N/A  
 (a) Palpable:-  
 Liver... NAD..... Spleen..... NAD  
 Kidneys... NAD..... Tumors.....

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

10. Nervous System: Indications of nervous  
 od mental disabilities.....  
 ..... NAD.....

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

12(a) Genito-Urinary System: Any evidence  
 of Hydrocele, Vancoccele 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...  
 ..... 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?  
 ..... 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.

Is the candidate fit for the field service? .....

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

CERTIFICATE

Shri/Ms. VIKASH KUMAR, Roll No., 1120191300202 a candidate of Advt. No. 01/DR/2023 who has appeared for his first medical examination /re-examination 16/07/2024 (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.  
CMO  
Reg. No. 3747  
Kailash Hospital & Heart Institute  
H-33, Sector-27, Noida  
Date: 18/07/24  
Place: NOIDA

Sign of Member with Stamp

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

Sign. of Chairman with stamp

Dr. PRADEEPTI NAYAK  
M.S.  
Associate Consultant ENT Surgeon  
Reg. No. DMC-87256  
Kailash Hospital & Heart Institute, Noida