

TO BE FILLED BY THE CANDIDATE

CIVIL SERVICE EXAMINATION, 2013

Full Name (in Block Letters)	<u>PHOTO</u>
Roll No.	
Date of Medical Examination	
Place of Medical examination 1. Safdarjung Hospital 2. R.M.L. Hospital 3. L.N.J.P. Hospital 4. S.K. Hospital 5. G.T.B. Hospital	

PRESENT POSTAL ADDRESS, E-MAIL & MOBILE/TELE NUMBER

E-MAIL (s)-
MOBILE/TELE NUMBER (s)-

**GOVERNMENT OF INDIA
MINISTRY OF PERSONNEL, P.G. & PENSIONS
(DEPARTMENT OF PERSONNEL & TRAINING)**

(FOR OFFICE USE ONLY)

1. I.A.S./ I.F.S./ Gp.'A' services Other than those specified below.
2. IPS/RPF/CISF/CBI/Gp. 'B' POLICE
3. I.R.T.S. / R.P.F.

**MEDICAL REGULATIONS & MEDICAL REPORT FORM FOR THE
INDIAN ADMINISTRATIVE SERVICE
INDIAN POLICE SERVICE
INDIAN FOREIGN SERVICE
AND THE CENTRAL SERVICES Gp. 'A' & 'B'**

(a) Candidate's statement & declaration

The candidate must make the statement required below prior to his/her medical examination and must sign the Declaration appended thereto.

1. State your name in full _____
(in block letters)

State your Age and _____
Birth place _____

2.(a) Do you belong to Scheduled Tribe or to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribes etc. whose average height is distinctly lower. Answer 'Yes' or 'No', and if the answer is 'Yes', State the name of the race.

3.(a) Have you ever had small-pox, intermittent or enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis?

OR

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

4. When you were last vaccinated?

5. Have you suffered from any form of nervousness due to over work or any other cause?

6. Furnish the following particulars concerning your family:

Father's age if living and State of Health	Father's age at Death & cause of death	Number of Brothers living, their ages & state of health	Number of Brothers dead, their age and cause of death

Mother's age if living & state of health	Mother's age at death & cause of death	Number of sisters living, their ages & state of health	Number of sisters dead, their ages & cause of death

7. **Have you been examined by a medical board before?**
8. **If answer to the above is yes, please state what Service / Services you were examined for?**
9. **Who was the examining authority?**
10. **When and Where was the Medical Board held?**
11. **Result of the Medical Board's Examination, if communicated to you or if known.**
12. **All the above answers are to the best of my knowledge, belief, time 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 the candidate 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 of any time during the service of a person, his services would be liable to be terminated.**

Candidate's signature

Signed in my presence

Signature of the Chairman of the Board

PROFORMA

Report of the Medical Board on

(Name of the candidate)

PHYSICAL EXAMINATION

1. **General Development:** Good..... Fair..... Poor.....
Nutrition: Thin.....Average..... Obese.....
Height (without shoes)..... Weight.....
Best Weight When
Any recent change in weight.....
Temperature.....

Girth of chest:

- (a) (After full inspiration)
- (b) (After full expiration)

2. **Skin: Any obvious disease**

3. **Eyes:**

- (1) Any disease.....
- (2) Night Blindness.....
- (3) Defect in colour vision.....
- (4) Field of vision.....
- (5) Visual Acuity.....
- (6) Fundus examination.....

	<u>Acuity of vision</u>	<u>Naked eye</u>	<u>With glasses</u>	<u>Strength of glasses</u>		
				Sp.	Cyl.	Axis
Distant Vision						
	R.E.					
	L.E.					
Near Vision						
	R.E.					
	L.E.					
Hypermetropia (Manifest)						
	R.E.					
	L.E.					

4. Ears : Inspection..... Hearing
 - Right Ear.....
 - Left Ear
5. Glands Thyroid
6. Condition of Teeth
7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? If yes, explain fully.

8. CIRCULATORY SYSTEM:

- (a) Heart: Any organic lesions.....
 - Rates.....Standing
 - After hopping 25 times
 - 2 minutes after hopping
- (b) Blood Pressure:
 - Systolic Diastolic

9. Abdomen:

Girth Tenderness.....
Hernia

(a) Palpable : Liver..... Spleen..... Kindneys Tumors.....
Haemorrhoids..... Fistula

10. Nervous system: Indications of nervous or mental disability

11. Loco-motor system: Any abnormality.....

12. Genite Urinerly System: Any evidence of Hydrocele Varicocele etc.....

Urine Analysis:

(a) Physical Apearance

(b) Sp. Gr.....

(c) Albumin

(d) Sugar

(e) Castes

(f) Cells

13. Is there anything in the Health of the candidate likely to render him / her unfit for the efficient discharge of his / her duties in the service for which he / she is a candidate?

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, vide Regulations 9.

14. (i) State the Services for which the candidate has been examined:-

(a) Indian Administrative Service and Indian Foreign Service.

(b) Indian Police Service, Central Police Service Group 'A' & 'B', RPF and Delhi and Andaman and Nicobar Islands Police Service, Deputy Superintendent of Police in C.B.I.

(c) Central Services, Group 'A' and 'B'.

(ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his / her duties in:

(a) Indian Administrative Service and Foreign Service

(b) IPS, Central Police Service Group 'A' & 'B', RPF and Delhi and Andaman & Nicobar Islands Police Service (see especially height, chest, girth, eye sight, colour blindness & locomotive system).

(c) Indian Railway Traffic Service (see especially height, chest, eye sight, colour blindness).

(d) Other Central Services, Group A and B

(iii) Is the candidate fit for FIELD SERVICE?

15. Chest X-Ray Examination

Note: The Board should record their findings under one of the following three categories:-

(i) Fit

(ii) Unfit on account of

(iii) Temporarily unfit on account of

(iv) Fit only for specified vacancy reserved for physically impaired

Place:

Date:

Signature

Chairman

Member

Member

Seal of the Medical Board