CONFIDENTIAL

GRID CONTROLLER OF INDIA LIMITED

B-9, 1st Floor, Qutab Institutional Area, Katwaria Sarai,
New Delhi, 110016

MEDICAL EXAMINATION REPORT
(For use and retention in HR Department)

Passport size Photograph with signature of candidate attested by GRID-INDIA Official

PART – I

Post for which selected: _____Ref. No._____ _____

Name:_____
Father/Husband'sName:_____
(in block letters)
Date of Birth :_____Place of Birth:_____

Age:_____Permanent Address _____ _____

_____

Candidate's statement and declaration
(To be completed before medical examination)

Sl	Question	Yes	No
1.	**Have you ever had/ Do you suffer from any of the following**		
	• Ear Disease		
	• Any disease of Eyes		
	• Night blindness		
	• Colour blindness		
	• Any disease of mouth cavity		
	• Lung disease- Asthma/ spitting of blood		
	• Tuberculosis		
	• Mental Illness/ Neurological disorder/ Epilepsy/Headaches		
	• Fainting attacks		
	• High Blood Pressure		
	• Stroke		
	• Heart disease		
	• Diabetes		
	• Liver Disease		
	• Kidney Disease		
	• Leprosy		
	• Cancer		
	• Any deformities in extremities		
	• Any abdominal disease		

Sl	Question	Yes	No
	• Any piles, fissure, hydrocele		
2	If answer to any of the above is YES, Please give details		
3	Any other disease of accident requiring confinement to bed and medical or surgical treatment? If YES, Please give details		
4	Are you on any prolonged medication		
5	Have you been examined and declared unfit for Government service by a medical officer/ medical board within the last three years? If YES, Please give details		
6	When you were last vaccinated? Which vaccination?	Date / Month & Year	

7. Furnish the particulars concerning your family:

Father's age if living and state of health	Father's age at death and cause of death	Mother's age if living and state of health	Mother's age at death and cause of death

No. of brothers living, their ages & state of health	No. of brothers dead, their ages at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death, and cause of death

8. Marital Status : Single/ Married/ Widowed/ Widower/ Divorced

9. No. of Children : Male _____Female_____

10. Family Planning History : Vasectomy/ Tubectomy / Not Applicable

11. Please specify any significant information if not covered above.

I declare all the above answers to be true and correct, to the best of my knowledge and belief. If at any point of time it is found that I have suppressed or hidden any information or submitted any wrong information, my candidature will be liable for rejection and if appointed my services will be liable for termination along with forfeiting all claims of Gratuity and other benefits.

Candidate's Signature

Date:

Signed in my presence:

Signature of Medical Officer

Date:

PART – II

(To be recorded by the Authorized Medical Officer)

A. Identification marks : 1
2

B. Appearance

1.	Age	:	_____ Years
2.	Physique	:	Well built / thin built
3.	Temperament	:	Sober / Nervous / Irritable
4.	Marks of primary vaccination	:	Present/ Absent
5.	Deformities	:	
6.	Operation scars	:	

C. General Physical Examination

1.	Height without shoes	:	Cms.
2.	Weight without shoes	:	Kgs.
3.	Chest in full expiration	:	Cms.
4.	Chest in full inspiration	:	Cms.
5.	Abdomen over naval-stripped	:	Cms.
6.	BMI	:	
7.	Lymph Nodes	:	
8.	Thyroid	:	
9.	Additional Findings	:	

D. ENT & Dental Examination

1.	Teeth	:	Clean/ dirty/ missing/ dentures
2.	Gums	:	Healthy/ unhealthy
3.	Tongue	:	Clean/ coated
4.	Throat	:	Normal/ congested/ tonsils
5.	Nose	:	
6.	Hearing	:	**RE**: Normal/ Impaired **LE**: Normal/ Impaired
7.	Tympanic membrane	:	RE LE
8.	Ear discharge	:	Yes/ No Other abnormalities----------

E. Eyes/ Vision

1.	Distant vision (Without glasses/lenses)	:	RE:	LE:
2.	Distant vision (with glasses/ lenses)	:	RE:	LE:
3.	Near vision(Without glasses/lenses)	:	RE:	LE:
4.	Near vision(with glasses/ lenses)	:	RE:	LE:
5.	Power of glasses / lens used	:	Dioptre (No.)	Dioptre (No.)
6.	Contact lenses	:		
7.	Whether suffering from squint or any other morbid condition of eyes or eyelids	:		
8.	Field of vision (if required)			
9.	Colour vision	:		
10.	Night Blindness	:		

11. Fundus examination :

12. Any other findings :

F. Respiratory System

1. Form of chest : Normal/ deformed
2. Lungs :
3. Respiration :
4. Breath sounds :

G. Cardio-Vascular System/ Heart

1. Pulse in upper and lower extremities : Normal/ thickened/ varicose veins
2. Position of Heart :
3. Rate, Rhythm :
4. Sounds & any murmurs :
5. Blood vessels :
6. ECG Report :
7. Blood Pressure : Systolic mm Hg
   Diastolic mm Hg

H. Alimentary System

1. Liver :
2. Spleen :
3. Abnormalities (piles, Fistula, peptic ulcer, etc.):
4. Any organomegaly :

I. Genito Urinary System 1. Urine

(a) Specific gravity :

(b) Albumin- : Present / Absent

(c) Sugar- : Present / Absent

(d) Microscopic pus cells :

2. Hernia- : Present / Absent
3. Evidence of V.D. :
4. Scrotum (For males) : Normal / Hydrocele / Bubonocele/ other
5. Testicles (For males) : Normal / Undescended

J. Reproductive System
(for female candidates)

1. History of menstrual cycle : Regular / Irregular
2. Breasts :
3. Pregnancy with duration :
4. Local/ PV / P.S. Examination (if required) :
5. L.M.P. :

K. Nervous System

1. Mental condition :
2. Reflexes :

3. Pupils

   (a) Normal/ Abnormal

   (b) Light reflexes- Present/ Absent :

4. Gait :

5. Specify any other evidence of disease of nervous system except epilepsy viz. paralysis, wasting, tremors, irregular movements etc. :

L. Mandatory Investigations

1. Blood examination

   (a) CBC : (d) ESR :

   (b) Blood Group : (e) FBS :

   (c) Hb % : (f) PPBS :

2. Urine Routine / Microscopic
3. Stool
4. Ski gram chest (X-ray-PA view)
5. ECG

M. Other Investigations (If Required.)

1. **Sputum Test**
2. **S/ Creatinine**
3. **S/ Urea**
4. **Ultrasound of abdomen**
5. **VDRL**
6. **2D-Echo Colour Doppler**
7. **TMT/ Stress ECG**
8. **Pulmonary Function Test**
9. **Liver Function Test**
10. **Glycosylated Hemoglobin**
11. **Any other test**

Diseases found, if any	Chronic / Non Chronic	Treatable / Untreatable

(In case of any Critical Diseases, the case is mandatorily required to be referred to a Govt. Medical Board or Specialist Medical Board to be constituted by GRID-INDIA)

Certified that S/ Shri /Smt. _____ a candidate selected for the post of _____ whose signature/ thumb impression is appended below, is MEDICALLY FIT/ UNFIT/ TEMPORARILY UNFIT (strike off whichever is not applicable).

OR

Certified that S/ Shri /Smt. _____ a candidate selected for the post of _____ whose signature/ thumb impression is appended below, is suffering from a critical disease as indicated above and is therefore referred for examination by Medical Board.

Remarks:

AUTHORISED MEDICAL OFFICER

Signature/ Thumb impression of the candidate

Signed before me

AUTHORISED MEDICAL OFFICER----------
Date:

PART-III

GRID CONTROLLER OF INDIA LIMITED

B-9, 1st Floor, Qutab Institutional Area, Katwaria Sarai, New Delhi, Delhi 110016

Unit : (Medical Department)

Post for which selected :

Ref. No. :

MEDICAL CERTIFICATE OF FITNESS ON FIRST ENTRY INTO GRID-INDIA'S SERVICE

(For retention by HR Department, GRID-INDIA)

1. I hereby certify that I have examined S/ Shri /Smt. _____ son/daughter/wife of _____ a candidate for employment in GRID-INDIA and could not discover that he/she has any disease (communicable or otherwise) except _____.

   I do/do not consider this as a disqualification for employment in the company. I, therefore, certify that this candidate is **medically FIT / UNFIT.**

2. S/ Shri/ Smt. _____'s age according to his/her own statement is _____ years and by his/her appearance, about _____ years.

3. Identification marks (as recorded in the medical examination forms)
   (a)
   (b)

Signature of the candidate **MEDICAL OFFICER**

Date:

PART-IV

GRID CONTROLLER OF INDIA LIMITED

B-9, 1st Floor, Qutab Institutional Area, Katwaria Sarai,
New Delhi, Delhi 110016

To,

Mr. / Ms ----------

Subject: Medical Examination

Dear Sir/ Madam,

With reference to your medical examination held on _____, we have to inform you that you have been found **temporarily unfit** on account of the following:

You may undergo the treatment to cure yourself of the above disease/sickness and appear for a **re-examination** within_____ weeks of the date of issue of this letter. You should produce a certificate of treatment & cure from the Doctor who treated you alongwith corresponding test reports.

Yours faithfully,

MEDICAL OFFICER

STAMP OF HOSPITAL

CC: HR Department, GRID-INDIA

PART-V

GRID CONTROLLER OF INDIA LIMITED

B-9, 1st Floor, Qutab Institutional Area, Katwaria Sarai,
New Delhi, Delhi 110016

Unit : (Medical Department)

Post for which selected :

Ref. No. :

MEDICAL CERTIFICATE OF FITNESS BY SPCIALISTS MEDICAL BAORD ON FIRST ENTRY INTO GRID-INDIA'S SERVICE

(For retention by HR Department, GRID-INDIA)

1. We hereby certify that we have examined S/ Shri /Smt. _____ son/daughter/wife of _____ a candidate for employment in GRID-INDIA.

2. He/ She is suffering from a critical disease _____. With respect to the position for which he/ she is selected and nature of job in which he/ she is likely to be engaged, we do / do not consider this as a disqualification for employment in GRID-INDIA. We, therefore, certify that this candidate is **medically FIT / UNFIT.**

3. S/ Shri/ Smt. _____'s age according to his/her own statement is _____ years and by his/her appearance, about _____ years.

4. Identification marks (as recorded in the medical examination forms)
   (a)
   (b)

Signature of the candidate
Date:

( )	( )	( )
SPECIALIST MEMBER	**SPECIALIST MEMBER**	**SPECIALIST MEMBER**

STAMP

GRID CONTROLLER OF INDIA LIMITED

B-9, 1st Floor, Qutab Institutional Area, Katwaria Sarai,
New Delhi, Delhi 110016

Ref.: C/HR/Rectt./ Date :

Mr. / Ms ----------

Sub. : **Your Medical Examination**

Dear Candidate,

With reference to your medical examination on _____at _____we are sorry to inform you that you have been found medically Unfit on account of the following.

Hence your candidature for the post of _____is hereby rejected.

The offer of appointment issued to you stands automatically withdrawn and cancelled with immediate effect. No further correspondences shall be entertained in this regard.

Thanking you,

Yours faithfully,
For GRID-INDIA

DY. MGR (HR)/ CH. MGR.(HR)