

Note 1.—The Medical Board while conducting medical examination of the candidates who have applied against the posts reserved for physically disabled category will keep in mind the eligibility criteria for availing the reservation under physically disabled quota shall be the same prescribed under relevant provisions of the Persons with disabilities (equal opportunity, protection of right and full participation) Act, 1995.

Note 2.—Further, Government may also constitute Special Medical Board(s)/Appellate Medical Board to issue the Disability Certificate in the prescribed form to physically disabled candidates and also to conduct the regular medical examination of physically disabled candidates in terms of these regulations.

Blind candidates shall be eligible only for selection/appointment in posts which are identified as suitable for them in the Brochure on Reservations and Concessions for physically handicapped in Central Government services.

2. (a) The Government of India reserve to themselves absolute discretion to reject or accept any candidate after considering the report of the Medical Board.

The classification of various Services under the two categories, namely "Technical" and "Non-Technical" will be as under:—

A. TECHNICAL

- (1) Indian Railway Traffic Service.
- (2) Indian Police Service and other Central Police Services Group 'A' and 'B'.
3. Group 'A' Posts in the Railway Protection Force.

B. NON-TECHNICAL

IAS, IFS, IA and AS, IRS (Customs and Central Excise), Indian Civil Accounts Service, Indian Railway Accounts Service, Indian Railway Personnel Service, Indian Defence Accounts Service, Indian Revenue Service (IT), Indian Ordnance Factories Services, Group A, Indian Postal Service, Indian Defence Estates Service Group A, Indian P&T Accounts and Finance Service, Group A and other Central Civil Services Group A and B.

1. To be passed as fit for appointment, a candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the efficient performance of the duties on his appointment.

"2. (a) In the matter of co-relation of age limit, height and chest girth of candidates of India (including Anglo-Indian race), it is left to the Medical Board to use whatever correlation figure are considered most suitable as a guide in the examination of the candidates. If there be any disproportion with regard to height, weight and chest girth, the candidates should be hospitalised for investigation and X-ray of the chest taken before the candidate is declared fit or not fit by the Board."

(b) However, for certain services minimum standard for height and chest girth without which candidates cannot be accepted, are as follows:—

	Height	Chest girth fully expanded	Expansion
(1)	(2)	(3)	(4)
(1) Indian Railway Traffic Service(s)	152 cm*	84 cm	5 cm (for men)
	150 cm*	79 cm	5 cm (for women)
(2) Indian Police Service, Group 'A' Post in Railway Protection Force and other Central Police Services Group 'A' & Group 'B'	165 cm	84 cm	5 cm (for men)
	150 cm**	79 cm	5 cm (for women)

*The minimum height prescribed is relaxable in the case of candidates belonging to Scheduled Tribes and to races such as Gorkhas, Garhwalis, Assamese, Kumaonis, Nagaland Tribal etc. whose average height is distinctly lower.

**The following relaxed minimum height standard in case of candidates belonging to the Scheduled Tribes and to the races such as Gorkhas, Assamese, Kumaonis, Nagaland are applicable to Indian Police Service and Group 'A', Group 'B' Police Services and Group 'A' Post in Railway Protection Force.

Men	160 cms.
Women	145 cms.

3. The candidate's height will be measured as follows:—

He will remove his shoes and be placed against the standard with his feet together and the weight thrown on the heels and not on the toe or other sides of the feet. He will stand erect without rigidity and with heels calves buttocks and shoulder touching the standard; the chin will be depressed to bring the vertex of the head level under the horizontal bar and the height will be recorded in centimetres and parts of a centimetre to halves.

4. The candidate's chest will be measured as follows :

He will be made to stand erect with his feet together and to raise arms over his head. The tape will be so adjusted round the chest that its upper edge touches the inferior angles of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the side and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and maximum will then be recorded in centimetres 84—89, 86—93.5 etc. In recording the measurements fractions of less than half a centimetre should not be noted.

N.B.—The height and chest of the candidates should be measured twice before coming to a final decision.

5. The candidate will also be weighed and his weight recorded in kilograms; fractions of half a kilogram should not be noted.

6. (a) The candidate's eye-sight will be tested in accordance with the following rules. The result of each test will be recorded.

(i) **General**—The candidate's eyes will be submitted to a general examination directed to the detection of any disease or abnormality. The candidate will be rejected if he suffers from any morbid conditions of eye, eyelids or contiguous structure of such a sort as to render or are likely at future date to render him unfit for service.

(ii) **Visual Acuity**—The examination for determining the acuteness of visions includes two tests—one for distant the other for near vision. Each eye will be examined separately.

(b) There shall be no limit for maximum naked eye vision but the naked eye vision of the candidates shall however be recorded by the Medical Board or other medical authority in every case, as it will furnish the basic information in regard to the condition of the eye.

(c) The following standards are prescribed for distant and near vision with or without glasses for different types of services.

(d) (i) In respect of the Technical service mentioned above and any other service concerned with the safety of public the total amount of Myopia (including the cylinder) shall not exceed minus 4.00 D. Total amount of Hypermetropia (including the cylinder) shall not exceed plus 4.00 D :

Provided that in case a candidate in respect of the services classified as "Technical" (other than the Services under the Ministry of Railways) is found unfit on grounds of high myopia the matter shall be referred to a special board of three ophthalmologists to declare whether this myopia is pathological or not. In case it is not pathological, the candidate shall be declared fit, provided he fulfils the visual requirements otherwise.

(ii) In every case of myopia, fundus examination should be carried out and the results recorded. In the event of pathological condition being present which is likely to be progressive and affect the efficiency of the candidate, he/she should be declared unfit.

(e) **Field of Vision** : The field of vision shall be tested in respect of all services by the confrontation method. When such test gives unsatisfactory or doubtful result the field of vision should be determined on the perimeter.

CLASS OF SERVICE

	IPS and other Police Services, Group 'A' and 'B' and IRTS/RPF (Technical Services)		IAS, IFS and Other Central Civil Services, Group 'A' and 'B' (Non-technical Services)	
	Better eye (corrected vision)	Worse eye	Better eye (corrected vision)	Worse eye
1. Distant vision	6/6 or 6/9	6/12 or 6/9	6/6 or 6/9	6/18 to Nil or 6/12
2. Near vision	J1**	J2**	J1** J2	J3 to Nil** J2
3. Types of corrections permitted	Spectacles		Spectacles 10L* Radial Keratotomy*/Lasik Laser Surgery	
4. Limits of refractive error permitted	+4.00 D (including cylinder)-Non-Pathological Myopia +4.00 D (including cylinder) (Hypermetropia)		None but without Pathological Myopia	
5. Colour vision requirements	High Grade		Low Grade	
6. Binocular vision needed	Yes		No	

*To be referred to a Special Board of Ophthalmologists.

** Near vision for Railway Services viz., IRTS, IRAS, IRPS and RPF is J1 in better eye and J3 in worse eye.

(f) Night Blindness : Broadly there are two types of night blindness : (1) as a result of Vitamin A deficiency and (2) as a result of Organic disease of Retina—common cause being Retinitis Pigmentosa. In (1) the fundus is normal, generally seen in younger age group and ill nourished persons and improves by large doses of Vitamin A. In (2) the fundus is often involved and mere fundus examination will reveal the condition in majority of cases. The patient in this category is an adult and may not suffer from malnutrition. Persons seeking employment for higher posts in the Government will fall in this category. For both (1) and (2) dark adaptation test will reveal the condition. For (2) Specially when fundus is not involved electro-Retinography is required to be done. Both these tests (dark adaptation and retinography) are time-consuming and require as a routine test in a medical check up. Because of these specialized set up, and equipment and thus are not possible as a technical considerations, it is for the Ministry/Department to indicate if these tests for night blindness are required to be done. This will depend upon the job requirement and nature of duties to be performed by the prospective Government employees.

For Railway Services (IRTS, IRAS, IRPS and RPF)—Night blindness need not be tested as a routine but only in special cases. No standard test for the testing of night blindness or dark adaption is prescribed. The Medical Board should be given the discretion to improvise such rough test e.g. recording of visual acuity with reduced illumination or by making the candidate recognise various objects in a darkened room after he has been there for 20 to 30 minutes. "Candidates" own statements should not always be relied upon but they should be given due consideration.

(g) Colour Vision : The testing of colour vision shall be essential in respect of the Technical Services mentioned above. As regards the non-Technical Services/posts the Ministry/Department concerned will have to inform the Medical Board that the candidate is for a service requiring colour vision examination or not.

Colour perception should be graded into higher and lower grade depending upon the size of aperture in the lantern as described in the table below :—

Grade	Higher	Lower
	Grade Colour	Grade Colour
	Perception	Perception
1	2	3
1. Distance between the lamp and candidate.	16 ft	16 ft
2. Size of aperture	1.3 mm.	13 mm.
3. Time of exposure	5 seconds	5 seconds

For the IPS and other Police Services, Group 'A' and 'B' Indian Railway Traffic Service Group A posts in the Railway Protection Force and for other Services concerned with the safety of the public, higher grade of colour vision is essential but for others lower, grade of colour vision should be considered sufficient.

Satisfactory colour vision constitutes, recognition with ease and without hesitation of signal red, green and yellow colours. The use of Ishihara's plates, shown in good light and a suitable Edrige Green's lantern shall be considered quite dependable for testing colour vision. While either of the two tests may ordinarily be considered sufficient in respect of services concerned with road, rail and air traffic, it is essential to carry out the lantern test. In doubtful cases where a candidate fails to qualify when tested by only one of the two tests, both the tests should be employed. However, both the Ishihara's plates and Edrige Green's lantern shall be used for testing colour vision of candidates for appointment to the Indian Railway Traffic Service and Group 'A' posts in the Railway Protection Force.

(h) Ocular condition other than visual acuity—

(i) Any organic disease or a progressive refractive error, which is likely to result in lowering visual acuity, should be considered a disqualification.

(ii) Squint : For technical services where the presence of binocular vision is essential squint, even if the vision acuity in each eye is of the prescribed standard should be considered a disqualification. For other service the presence of squint should not be considered as a disqualification if the visual acuity is of the prescribed standards. For Railways technical services binocular vision is essential.

(iii) If a person has one eye or if he has one eye which has normal vision and the other eye is amblyopic or has subnormal vision the usual effect is that the person is lacking stereoscopic vision for perception of depth. Such vision is not necessary for many civil posts. The medical board may recommend as fit, such persons provided the normal eye has—

(i) 6/6 distant vision J/I near vision with or without glasses provided the error in any meridian is not more than 4 dioptres for distant vision.

(ii) has full field of vision.

(iii) normal colour vision wherever required :

Provided the board is satisfied that the candidate can perform all the functions for the particular job in question.

The above relaxed standards of visual acuity will NOT apply to candidates for posts/services classified as "TECHNICAL." The Ministry/Department concerned will have to inform the

medical board that the candidate is for a "TECHNICAL" post or not.

- (iv) Contact Lenses : During the medical examination of candidate, the use of contact lenses is not to be allowed. It is necessary that when conducting eye test the illumination of the typed letters for distant vision should have an illumination of 15 foot-candles.

GUIDELINES FOR SPECIAL OPHTHALMIC BOARD

Special Ophthalmic Board for eye examination shall consist of 3 Ophthalmologists :

- (a) Cases where the Medical Board has recorded visual function within normal prescribed limits but suspects a disease of progressive and organic nature, which is likely to cause damage to the visual function should refer the candidate to a Special Ophthalmic Board for opinion as part of the first Medical Board.
- (b) All cases of any type of surgery on eyes, IOL, refractive corneal surgery, doubtful cases of colour defect should be referred to special Ophthalmic Board.
- (c) In such cases where a candidate is found to be having high myopia or high hypermetropia the Central Standing Medical Board/State Medical Board should immediately refer the candidates for a special Board of three Ophthalmologists constituted by the Medical Superintendent of the hospital/A.M.O. with the head of the Department of Ophthalmology of the Hospital or the senior most ophthalmologist as the Chairman of the special Board. The Ophthalmologist/Medical Officer who has conducted the preliminary ophthalmic examination cannot be a part of the Special Board.

The examination by the special Board should preferably be done on the same day. Whenever it is not possible to convene the special Board of three Ophthalmologists on the day of the medical examination by the Central Standing Medical Board/State Medical Board, the special Board may be convened at an earliest possible date.

The Special Ophthalmic Board may carry out detailed investigations before arriving at their decision.

The Medical Board's report may not be deemed as complete unless it includes the report of the Special Board for all such cases which are referred to it.

GUIDELINE FOR REPORTING ON BORDER LINE UNFIT CASES

In Border line cases of substandard visual acuity, subnormal colour vision, the test will be repeated after 15 minutes by the Board before declaring a person unfit.

7. Blood pressure.

The Board will use its discretion regarding Blood Pressure. A rough method of calculating normal maximum systolic pressure is as follows :—

- (i) with Young subjects 15—25 years of age the average is about 100 plus the age.
- (ii) with subjects over 25 years of age the general rule of 110 plus half the age seems quite satisfactory.

N.B.—As a general rule any systolic pressure over 140 mm. and diastolic over 90 mm. should be regarded as suspicious and the candidate should be hospitalised by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalisation report should indicate whether the rise in blood pressure is of a transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-ray and electrocardiographic examination of heart and blood urea clearance test should also be done as a routine. The final decision as to fitness or otherwise of a candidate will however, rest with the medical board only.

Method of taking Blood Pressure

The mercury manometer type of instrument should be used as a rule. The measurement should not be taken within fifteen minutes of any exercise or excitement. Provided the patient and particularly his arm is relaxed he may be either lying or sitting. The arm is supported comfortably at the patient's side in a more or less horizontal position. The arm should be freed from the cloth to the shoulder. The cuff completely deflated should be applied with the middle of the rubber over the inner side of the arm and its lower edge an inch or two above the bend of the elbow. The following returns of cloth bandage should spread evenly over the bag to avoid bulging during inflation.

The brachial artery is located by palpitation at the bend of the elbow and the stethoscope is then applied lightly and centrally over it below but not in contact with the cuff. The cuff is inflated to about 200 mm. Hg. and then slowly deflated. The level at which the column stands when soft successive sound are heard represents the Systolic Pressure. When more air is allowed to escape the sound will be heard to increase in intensity. The level at which the well heard clear sound change to soft muffed fading sounds represents the diastolic pressure. The measurements should be taken in a fairly brief period of time as prolonged pressure of the cuff is irritating to the patient and will vitiate the reading. Rechecking if necessary should be done only a few minutes after complete deflation of the cuff. Sometimes as the cuff is deflated sounds are heard at a certain level they may disappear as pressure falls and reappear at a still lower level. This silent Gap may cause error in readings.

8. The urine (passed in the presence of the examiner) should be examined and the results recorded. Where a Medical Board finds sugar present in candidate's urine by the usual

chemical tests the Board will proceed with the examination with all its other aspects and will also specially note any signs or symptoms suggestive of diabetes. If except for the glycosuria the Board finds the candidate conforms to the standard of medical fitness required they may pass the candidate fit, subject to the glycosuria being non-diabetic and the Board will refer the case to a specified specialist in Medicine who has hospital and laboratory facilities at his disposal. The Medical Specialist will carry out whatever examinations clinical and laboratory, he considers necessary including a standard blood sugar tolerance test, and will submit his opinion to the Medical Board upon which the Medical Board will base its final opinion. "fit" or "unfit". The candidate will not be required to appear in person before the Board on the second occasion. To exclude the effect of medication it may be necessary to retain a candidate for several days in hospital under strict supervision.

9. A woman candidate who as a result of tests is found to be pregnant of 12 weeks standing or over should be declared temporarily unfit until the confinement is over. She should be re-examined for fitness certificate six weeks after the date of confinement, subject to the production of a medical certificate of fitness from a registered medical practitioner.

10. The following additional points should be observed :—

- (a) that the candidate's hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective the candidate should be got examined by the ear specialist; provided that if the defect in hearing is remediable by operation or by use of a hearing aid a candidate cannot be declared unfit on that account provided he/she has no progressive disease in the ear. This provision is not applicable in the case of Railway Services. The following are the guidelines for the medical examining authority in this regard.—
- | | |
|--|---|
| (1) Marked or total deafness in one ear, other ear being normal. | Fit for non-technical jobs if the deafness is upto 30 Decibel in higher frequency. |
| (2) Perceptive deafness in both ears in which some improvement is possible by a hearing aid. | Fit in respect of both technical and non-technical jobs if the deafness is up to 30 Decibel in speech frequencies of 1000—4000. |
| (3) Perforation of tympanic membrane of central or marginal type. | (i) One ear normal other ear perforation of tympanic membrane present. Temporarily unfit. Under improved conditions of |

Ear Surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under 4(ii) below.

(ii) Marginal or attic perforation in both ears unfit.

(iii) Central perforation both ears—Temporarily unfit.

(4) Ears with mastoid cavity subnormal hearing on one side/on both sides.

(i) Either ear normal hearing other ear mastoid cavity—Fit for both technical and non-technical jobs.

(ii) Mastoid cavity of both sides. Unfit for technical jobs. Fit for non-technical jobs if hearing improves to 30 Decibel in either ear with or without hearing aid.

(5) Persistently discharging ear operated/unoperated.

Temporarily Unfit for both technical and non-technical jobs.

(6) Chronic Inflammatory/allergic condition of nose with or without bony deformities of nasal Septum.

(i) A decision will be taken as per circumstances of individual cases.
(ii) If deviated nasal Septum is present with Symptoms—Temporarily unfit.

(7) Chronic Inflammatory conditions of tonsils and or Larynx.

(i) Chronic Inflammatory conditions of tonsils and/or Larynx—Fit.

(ii) Hoarseness of voice of severe degree if present then Temporarily unfit.

(8) Benign or locally Malignant tumours of the E.N.T.

(i) Benign tumours—Temporarily unfit.
(ii) Malignant Tumour—unfit.

(9) Otosclerosis

If the hearing is within 30 Decibels after operation or

with the help of hearing aid—Fit.

- (10) Congenital defects of ear, nose or throat.
- (i) If not interfering with functions—Fit.
- (ii) Stuttering of severe degree—Unfit.
- (11) Nasal/poly
- Temporarily Unfit.
- (b) that his speech is without impediment;
- (c) that his teeth are in good order and that he is provided with dentures where necessary for effective mastication (well filled teeth will be considered as sound);
- (d) that the chest is well formed and his chest expansion sufficient and that the hearts and lungs are sound;
- (e) that there is no evidence of any abdominal disease;
- (f) that he is not ruptured;
- (g) that he does not suffer from hydrocele, varicose veins or piles;
- (h) that his limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints;
- (i) that he does not suffer from any inveterate skin disease;
- (j) that there is no congenital malformation or defect;
- (k) that he does not bear traces of acute or chronic disease pointing to an impaired constitution;
- (l) that he bears marks of efficient vaccination; and
- (m) that he is free from communicable disease.

11. Radiographic examination of the chest of candidate for detecting any abnormality of the heart and lungs, which may not be apparent by ordinary physical examination will be done at the time when he is called for the Personality Test by the Union Public Service Commission.

The decision of the Chairman of the Central Standing Medical Board (conducting the medical examination of the concerned candidate) about the fitness of the candidate shall be final.

In case of doubt regarding health of a candidate the Chairman of the Medical Board may consult a suitable Hospital specialist to decide the issue of fitness or unfitness of the candidate for Government Service e.g. if a candidate is suspected to be suffering from any mental defect or aberration, the Chairman of the Board may consult a Hospital Psychiatrist Psychologist, etc.

When any defect is found it must be noted in the certificate and the medical examiner should state his

opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

12. The candidates filing an appeal against the decision of the Medical Board have to deposit an appeal fee of Rs. 100.00 in such manner as may be prescribed by the Government of India in this behalf. This fee would be refunded if the candidate is declared fit by the Appellate Medical Board. The candidates may, if they like enclose medical certificate in support of their claim of being fit. Appeals should be submitted within 21 days of the date of the communication in which the decision of the Medical Board is communicated to the candidates; otherwise request for second medical examination by an Appellate Medical Board, will not be entertained. The Medical Examination by the Appellate Medical Board would be arranged at New Delhi only and no travelling allowance or daily allowance will be admissible for the journeys performed in connection with the medical examination. Necessary action to arrange medical examination by Appellate Medical Boards would be taken by the Department of Personnel and Training on receipt of appeal accompanied by the prescribed fee.

MEDICAL BOARD'S REPORT

The following intimation is made for the guidance of the Medical Examination :—

1. The standard of physical fitness to be adopted should make due allowance for the age and length of service, if any of the candidate concerned.

No person will be deemed qualified for admission to the Public Service who shall not satisfy Government or appointing authority as the case may be that he has no disease constitutional affliction, or bodily infirmity, unfitting him or likely to unfit him for that Service.

It should be understood that the question of fitness involves the future as well as present and that one of the main objects of medical examinations is to secure continuous effective service, and in the case of candidates for permanent appointment to prevent early pension or payments in case of pre-mature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service and the rejection of a candidate need not be advised on account of the presence of a defect which is only a small proportion of cases is found to interfere with continuous effective service.

A Lady Doctor will be co-opted as a member of the Medical Board whenever a woman candidate is to be examined.

Candidate appointed to the Indian Defence Accounts Service are liable for field service in or out of India. In the case of such a candidate the Medical Board should specially record their opinion as to his fitness or otherwise for field service.

The report of the Medical Board should be treated as confidential.

In case where a candidate is declared unfit for appointment in the Government Service the ground for

rejection may be communicated to the candidate in broad terms without giving minute details regarding the defects pointed out by the Medical Board.

In case where a Medical Board considers that a minor disability disqualifying a candidate for Government Service can be cured by treatment (medical or surgical) a statement to the effect should be recorded by the Medical Board. There is no objection to a candidate being informed of the Board's opinion to the effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another Medical Board.

In the case of candidate who are to be declared 'Temporarily Unfit' the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period these candidates should not be declared temporarily unfit for a further period but a final decision in regard to their fitness for appointment or otherwise should be given.

(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. His attention is specially directed to the warning contained in the Note below:—

1. State your name in full (in block letters).....
2. (a) State your age and birth place
- (b) Do you belong 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 smallpox intermittent or any other fever enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attack, rheumatism, appendicitis?

OR

- (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. When were you last vaccinated?
5. Have you suffered from any form of nervousness due to over work or any other causes.
6. Furnish the following particulars concerning your family:—

Father's age if living and state of health	Father's age at death and cause of death	No. of brothers living their age and state of health	No. of brothers dead, their age, and causes of death
1	2	3	4
1.			
2.			
3.			

1	2	3	4
1.			
2.			
3.			

Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living their age and state of health	No. of sisters dead, their age, and causes of death
1	2	3	4

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 and belief, true 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 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 services would be liable to the terminated.

Candidate's signature

Signed in my presence

Signature of the Chairman of the Board

PROFORMA

(b) Report of the Medical Board on (name of candidate)
Physical Examination.

1. General development : Good _____
Fair _____ Poor _____
Nutrition : Thin _____ Average _____
Obese _____ Height : (Without Shoes) _____
Weight _____ Best
Weight _____ When _____ any
recent changes in weight _____
Temperature _____
Girth of chest :

- (1) After full inspiration
- (2) 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.....

Acuity of vision	Naked eye with glasses	Strength of glass sph. cyl. Axis
1	2	3

Distant vision

RE

LE

Near vision

RE

LE

Hypermetropia (Manifest)

RE

LE

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.....

Kidneys.....Tumours.....

Haemorrhoids.....Fistula.....

10. Nervous System Indication of nervous or mental disabilities.....

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

12. Genito Urinary System : Any evidence of Hydrocele, Varicocele etc.

Urine Analysis :

- (a) Physical appearance.....
- (b) Sp.Gr.....
- (c) Albumen.....
- (d) Sugar.....
- (e) Casts.....
- (f) Cells.....

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 ?

Note.—In the case of female candidate, if it is found— that she is pregnant of 12 weeks standing or over, she would be declared temporarily unfit vide Regulation 9.

14. (i) State the service for which the candidate has been examined :—

- (a) I.A.S. and I.F.S.
- (b) I.P.S., Central Police Services Group 'A' & 'B' RPF and Delhi 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 discharges of his/her duties in :

- (a) I.A.S. and I.F.S.
- (b) I.P.S. Central Police Services Group 'A' & 'B' RPF and Delhi and Andaman and Nicobar Islands Police Service. (See especially height, chest girth, eye sight, colour blindness and locomotive system).
- (c) Indian Railway Traffic Service (see specially height, chest, eye sight, colour blindness).
- (d) Other Central Services Group A/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 : Chairman

Signature Member

Date : Member

Seal of the Medical Board