

**By Speed Post/email**

No. 6/1/2021-CS-II(C)  
Government of India  
Ministry of Personnel, Public Grievances & Pensions  
(Department of Personnel and Training)

3<sup>rd</sup> Floor, Lok Nayak Bhavan  
Khan Market, New Delhi  
Dated 17<sup>th</sup> February, 2021

To

The Medical Superintendent,  
M.S.Office, New OPD Building,  
Safdarjung Hospital,  
New Delhi-110029

Subject: Medical Examination of candidates for appointment to the Grade of **Stenographer Grade 'D' of CSSS** on the basis of result of **Stenographers' Grade 'C' & 'D' Examination, 2018.**

Sir/Madam,

I am directed to refer to the subject mentioned above and to say that the candidates recommended for appointment to the grade of Stenographer Grade 'D' of Central Secretariat Stenographers' Service (CSSS) in Government of India, on the basis of Stenographers' Grade 'C' & 'D' Examination, 2018 are required to appear before Medical Board for their medical examination.

2. The candidates (as per List attached) are being instructed through this letter to appear before you for medical examination in OPD Block, Safdarjung Hospital, New Delhi for the date of medical examination before 02.03.2021. List of the candidates is enclosed herewith. It is requested that the candidates may be medically examined and the Medical Certificate be forwarded to this Department in the prescribed format by 04.03.2021.

3. The signature of the candidate may please be obtained on the prescribed format in your presence.

Encl.: As above

Yours faithfully



(Bhagirath Jha)

Under Secretary to the Government of India

Tele: 24654020

Copy to: Candidates as per list attached.

**FORM OF MEDICAL CERTIFICATE**

I hereby certify that I have examined Sh/Smt/Km. \_\_\_\_\_  
a candidate for employment in the Central Secretariat Service in the Government of  
India and cannot discover that he/she has any disease (communicable or otherwise),  
constitutional weakness or bodily infirmity, except \_\_\_\_\_.

I do not consider this a disqualification for employment in Central Secretariat Service  
in the Government of India.

The age of Shri/Smt./Kum. \_\_\_\_\_ according to  
his/her own statement is \_\_\_\_\_ years, and by appearance is about \_\_\_\_\_ years.

\_\_\_\_\_  
(Signature/thumb impression  
of the candidate)

Date \_\_\_\_\_

(To be signed in the presence of  
the examining Medical Officer)

(Paste a photograph  
of the candidate  
examined )

\_\_\_\_\_  
Signature of Medical Officer

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Official Seal

(Seal should be spread over  
form and the photograph)

**Note:** The officer making this certificate should be a Civil Surgeon or a  
District Medical Officer of equivalent status of a Government Hospital

**CANDIDATE'S STATEMENT AND DECLARATION**

(The candidate must make the following statement and must sign the declaration below it before the medical officer. Attention is specially invited to the **WARNING** in the 'Note' at the bottom of page 2.)

1. Name in full  
(in BLOCK letters) \_\_\_\_\_
2. Age and place of birth \_\_\_\_\_
3. Have you ever had  
(a) small-pox, intermittent fever and other fever, enlargement suppuration of glands, spitting of blood, fainting attacks, rheumatism or 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 or any of your relatives been afflicted by consumption, scrofula, gout, asthma, fits, epilepsy or insanity? \_\_\_\_\_
6. Have you suffered from any form of nervousness due to overwork or any other cause? \_\_\_\_\_
7. Have you been examined and declared fit for Govt. Service by a medical officer/ Medical Board within the last three years? \_\_\_\_\_

8. Furnish the following particulars:

Father's age, if living, & state of health	Father's age at the time of death and cause of death	No. of brothers living, their ages and state of health	No. of brothers who have died, their ages at death and cause of death

Contd...../-

Mother's age, if living, & state of health	Mother's age at the time of death and cause of death	No. of sisters living, their ages and state of health	No. of sisters who have died, their ages at death and cause of death

**DECLARATION**

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have not received any disability certificate/ pension on account of any disease or other condition.

Date: \_\_\_\_\_

\_\_\_\_\_  
Candidate's signature

Signed in my presence.

\_\_\_\_\_  
Signature of Medical Officer

Name: \_\_\_\_\_  
& Designation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.**

**(Please take back to back print)**