

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)

3rd Floor, Lok Nayak Bhavan
Khan Market, New Delhi
Dated 17th 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)

S.No.	Roll No.	GENDER	Name	Rank
1	2201060118	MALE	MOHIT KUMAR	256
2	2201028671	FEMALE	SHANAJ BEGUM	257
3	3009601346	MALE	HITANSHU SINGH	261
4	2201059777	MALE	ARPIT SINGH	262
5	2201070428	MALE	VAISHALI BALONI	263
6	2201035972	FEMALE	KRIKA SEHGAL	269
7	2201016427	FEMALE	RUPAL SHARMA	270
8	2201064682	MALE	PARSHANT ROJH	274
9	2201048952	FEMALE	APOORVA JAIN	277
10	2201047076	FEMALE	ESHITA MONGA	280
11	2201045640	FEMALE	RACHNA CHAUHAN	286
12	2201043065	MALE	RAGHAV SHARMA	289
13	2201020445	MALE	SHIVAM MALEVASTAV	303
14	2201033287	FEMALE	PRERNA	310
15	2201022243	MALE	AKHILESH YADAV	337
16	2201019689	MALE	MANVENDRA VERMA	339
17	2201059327	FEMALE	C DEEPA	347
18	2201014531	MALE	KESHAV	362
19	2201052234	MALE	AJAY SINGH	374
20	2201023914	MALE	PUNEET YADAV	376
21	2201058554	MALE	MANTHAN	381
22	2201020715	MALE	HARSHIT KUMAR	399
23	2201020727	MALE	SAHIL	429
24	2201049827	FEMALE	KOMAL GUPTA	448
25	2201033764	FEMALE	KAMINI	470
26	2201063776	MALE	NAVEEN DHIMAN	495
27	2201025686	MALE	GAURAV	537
28	2201014579	MALE	VIKAS YADAV	539
29	2201022096	MALE	ROHIT KUMAR	541
30	2201063161	FEMALE	FAIRY	547
31	2201039081	FEMALE	YOGITA	548
32	2201052008	MALE	AMIT KUMAR	557
33	2201051455	MALE	ROHAN THAKUR	610
34	2201011104	MALE	VIRPAL	626
35	2201025263	FEMALE	SEEMA	627
36	2201036312	FEMALE	SHRUTI YADAV	629
37	2201040019	MALE	AAFAQ AALAM ANSARI	633
38	2201043958	MALE	ISHU SONKER	638
39	2201061495	FEMALE	S DHARINI	642
40	2201021474	MALE	ATUL KUMAR	650
41	2201061663	MALE	DEEPAK SUWANSIYA	655

42	2201061993	FEMALE	MUSKAN PAREWA	658
43	2201018834	MALE	SACHIN KUMAR	663
44	2201069386	MALE	NAZIM	664
45	2201040013	MALE	ANKUR YADAV	666
46	2201014437	FEMALE	HARSHITA YADAV	669
47	2201029824	MALE	RAJAT YADAV	670
48	2201057171	MALE	RAHUL KUMAR	682
49	2201065048	MALE	ABHISHEK	688
50	2201063975	MALE	NISHANT	691
51	2201020319	MALE	AKSHAY KUMAR	697
52	2201047938	FEMALE	MANISH ARYA	704
53	2201025293	MALE	PRAVEEN KUMAR	719
54	2201027577	FEMALE	URVASHI	725
55	2201035405	FEMALE	SHIVANI	726
56	2201061260	MALE	RAHUL	744
57	2201068802	MALE	SURAJ KUMAR	761
58	2201016803	FEMALE	SHARDA	780
59	2201069702	MALE	ASHISH VOAT	783
60	2201057850	MALE	MANOJ KUMAR	806
61	2201058478	MALE	ISHANT	810
62	2201029459	FEMALE	RAKHI TANWAR	811
63	2201034878	MALE	ROHIT PAUL MINJ	908
64	2201012459	MALE	DEEPAK	912

