

By Speed Post

**No. 6/1/2019-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: 27th May, 2019

To

The Chief Medical Officer &
Officer-in-Charge (Medical Examination-I)
Dr. RML Hospital, New Delhi-110001

Subject: Medical Examination of candidates for appointment to the Grade of
Stenographers Grade 'D' of CSSS on the basis of the result of
Stenographers Grade 'C' & 'D' Examination 2017.

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 Stenographer Service (CSSS) in Government of India, on the basis of Stenographers Grade 'C' & 'D' Examination 2017 are required to appear before Medical Board for their medical examination.

2. The candidates have been instructed to appear before you for medical examination at 8:00 AM in OPD Block, Dr. Ram Manohar Lohia Hospital, New Delhi for the date of medical examination before 14.06.2019. List of the candidates have been enclosed herewith. It is requested that the official may be medically examined and the result be intimated to this Department in the prescribed form.

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

Yours faithfully



(Dinesh)

Under Secretary to the Government of India
Tele: 24654020

S.No.	Name (Sh./Smt./Ms.)	Roll No.	Rank
1	SARTHAK PATHAK	2201044685	38
2	SHALINI	2201004654	43
3	VIKAS KUMAR YADAV	2201028441	45
4	AKSHAY TOMAR	2201015610	75
5	MAYANK SHARMA	2201010080	79
6	SAUDAMINI SHARMA	2201007079	115
7	VIPUL BHAGAT	2201037187	128
8	JAYA CHAUDHARY	2201045988	208
9	SUMIT	2201001150	290
10	VIJAY KUMAR	2201002261	1272
11	NEETU	2201062980	1295

FORM OF MEDICAL CERTIFICATE

16

I hereby certify that I have examined Sh/Smt/Ms. _____ a candidate for employment in the Central Secretariat Stenographer 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 Stenographer Service in the Government of India.

The age of Shri/Smt./Ms. _____ 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

17

(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...../-

18

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.

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