

POWER GRID CORPORATION OF INDIA LIMITED

Saudamini, Plot No.2, Sector 29, Near IFFCO Chowk,
Gurgaon (Haryana) - 122001, INDIA**MEDICAL EXAMINATION REPORT**
(For use and retention in HR Department)**PART - I**

(ELECTRICAL)

Post for which selected: DIPLOMA TRAINEE Ref. No. NR-JIT/HRM/RZK/DT/Elect.
अक्षांश-III/उत्तरीय मुख्यालय/Northern Region-III R.H.Q. Lucknow (U.P.) 226001Name: GOLLANGI LEELARAM MOHANRAOFather/Husband's Name: GOLLANGI VENKATA BHASKARA RAO

(in block letters)

Date of Birth: 09-06-1993Place of Birth: RALLAGODEYYAVALASAAge: 26 Permanent Address D NO 6-143, RALLAGODEYYAVALASA (V),PRIYAGRAHARAM (PO), POLAKI (MI), SRIKAKULAM (DI), ANDHRA PRADESH (CS)-532430**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 <i>Diagnosed with pulmonary T.B in June 2019. Now on treatment will complete ATT on Dec 2019</i>		
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	✓ (ATT treatment)	
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 - <i>childhood</i>	

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
<i>64 Years, Health is in Good Condition</i>		<i>58 Years, Health is in Good Condition</i>	

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
		<i>1 sister, 29 years, Health is in Good Condition</i>	

- 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 Provident Fund, Gratuity and other benefits.

G. L. R. Mohan Rao

Candidate's Signature

Signed in my presence:

Date:


Signature of **Medical Officer**
Date: **22-10-19**
MAYO MEDICAL OFFICER PVT. LTD.
SHAND-II
TRAGAR
LUANOW-226016

PART - II

(To be recorded by the Authorized Medical Officer)

A. Identification marks	:	1	<i>Male Upside-down</i>	
		2		
B. Appearance				
1. Age	:	<u>26</u>	Years	
2. Physique	:	<input checked="" type="checkbox"/>	Well built / thin built	
3. Temperament	:	<input checked="" type="checkbox"/>	Sober / Nervous / Irritable	
4. Marks of primary vaccination	:	<input checked="" type="checkbox"/>	Present/ Absent	
5. Deformities	:		<i>None</i>	
6. Operation scars	:		<i>None</i>	
C. General Physical Examination				
1. Height without shoes	:	<u>168</u>	Cms.	
2. Weight without shoes	:	<u>79</u>	Kgs.	
3. Chest in full expiration	:	<u>86</u>	Cms.	
4. Chest in full inspiration	:	<u>96</u>	Cms.	
5. Abdomen over naval-stripped	:	<u>79</u>	Cms.	
<i>Over</i> 6. BMI	:			
7. Lymph Nodes	:		<i>Not palp</i>	
8. Thyroid	:		<input checked="" type="checkbox"/>	
9. Additional Findings	:		<i>None</i>	
D. ENT & Dental Examination				
1. Teeth	:		<input checked="" type="checkbox"/> Clean/ dirty/ missing/ dentures	
2. Gums	:		<input checked="" type="checkbox"/> Healthy/ unhealthy	
3. Tongue	:		<input checked="" type="checkbox"/> Clean/ coated	
4. Throat	:		Normal/ congested/ tonsils	
5. Nose	:		<i>WNL</i>	
6. Hearing	:		RE: <input checked="" type="checkbox"/> Normal/ Impaired LE: <input checked="" type="checkbox"/> Normal/ Impaired	
7. Tympanic membrane	:		RE <i>WNL</i> LE <i>WNL</i>	
8. Ear discharge	:		Yes/ No Other abnormalities--- <i>MI</i>	
E. Eyes/ Vision				
1. Distant vision (Without glasses/lenses)	:	RE: <u>6/6</u>	LE: <u>6/6 P</u>	
2. Distant vision (with glasses/ lenses)	:	RE: <u>-</u>	LE: <u>-</u>	
3. Near vision(Without glasses/lenses)	:	RE: <u>M6</u>	LE: <u>M6</u>	
4. Near vision(with glasses/ lenses)	:	RE: <u>-</u>	LE: <u>-</u>	
5. Power of glasses / lens used	:	Dioptre (No.)—		Dioptre (No.) <u>-</u>
6. Contact lenses	:	<u>-</u>		
7. Whether suffering from squint or any other morbid condition of eyes or eyelids	:	<u>No</u>		
8. Field of vision (if required)	:	<u>WNL</u>		
9. Colour vision	:			
10. Night Blindness	:			

11. Fundus examination	:	NVL NVL
12. Any other findings	:	
F. Respiratory System		
1. Form of chest	:	Normal/ deformed
2. Lungs	:	(N)
3. Respiration	:	BU (N)
4. Breath sounds	:	vesicular breaths
G. Cardio-Vascular System/ Heart		
1. Pulse in upper and lower extremities	:	Normal/ thickened/ varicose veins
2. Position of Heart	:	(N)
3. Rate, Rhythm	:	76bpm Reg
4. Sounds & any murmurs	:	S1 S2 (N)
5. Blood vessels	:	(N)
6. ECG Report	:	
7. Blood Pressure	:	Systolic 120/70 mm Hg Diastolic mm Hg
H. Alimentary System		
1. Liver	:	
2. Spleen	:	Normal
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.	:	absent
4. Scrotum (For males)	:	Normal / Hydrocele / Bubonocoe/ 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)	:	N/A
5. L.M.P.	:	
K. Nervous System		
1. Mental condition	:	(N)
2. Reflexes	:	(N)

3. Pupils
 (a) Normal/ Abnormal
 (b) Light reflexes- Present/ Absent :
4. Gait : (N)
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

Finaly
 enclosed

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 POWERGRID)

Certified that Shri /Smt./ Km. Selkangi Subhraj Mahamaya 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 Shri /Smt./ Km. _____ 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: PTB

Signature/ Thumb impression of the candidate

Signed before me

AUTHORISED MEDICAL OFFICER

Date: 22-10-2016 GOMTI NAGAR
 LUCKNOW-226016

MAYO MEDICAL CENTRE
 AUTHORIZED MEDICAL OFFICER
 VIKAS KHAND-II
 GOMTI NAGAR
 LUCKNOW-226016

PART-III

POWER GRID CORPORATION OF INDIA LIMITED

Saudamini, Plot No.2, Sector 29, Near IFFCO Chowk,
Gurgaon (Haryana) - 122001, INDIA

Unit : (Medical Department)

Post for which selected :

Ref. No. :

MEDICAL CERTIFICATE OF FITNESS ON FIRST ENTRY INTO POWERGRID'S SERVICE

(For retention by HR Department, POWERGRID)

Mehar Singh

1. I hereby certify that I have examined Shri /Smt./ Km. Challengi Coelogram son/daughter/wife of _____ a candidate for employment in POWERGRID 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. Shri/ Smt./ Km. _____'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)

Suffering from Pulmonary TB

Signature of the candidate

Date: 22-10-19

MEDICAL OFFICER

MAYO MEDICAL CENTRE PVT. LTD.
VIKAS KHAND-II
GOMTI NAGAR
LUCKNOW-226016

PART-IV

POWER GRID CORPORATION OF INDIA LIMITED

Saudamini, Plot No.2, Sector 29, Near IFFCO Chowk,
Gurgaon (Haryana) - 122001, INDIA

To,

Mr. / Ms

Gallangi Ceelaram
Maharaja

Subject: Medical Examination

Dear Sir/ Madam,

With reference to your medical examination held on 22-10-19, 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.

Finally PTB
Unfit

Yours faithfully,

CC: HR Department, POWERGRID

MEDICAL OFFICER
MAYO MEDICAL CENTRE
VIKAS KHAND-II
GOMTI NAGAR
LUCKNOW-226016