

ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय , भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान) (An Institution of National Importance under Ministry of Health & Family Welfare) भारतसरकार/ Government of India



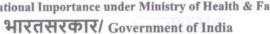
MEDICAL EXAMINATION REPORT

	(46)			
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NAME:		n been tut eved n	najor dispase vo	a, Name toyn
POST SELECTED FOR:				
DEPARTMENT:	dur yffnggil diw b	e i cilità como parpi	vour oear relati	6. Naverany of
ADDRESS :(PERMANENT)		•••••		
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ADDRESS: (CORRESPONDENCE)	uraj kasa aci bens	dual off failege	o-esimi-mini nec	d uoy evst 3
Email:				
		••••••	ON (SBA	C ^m phtherio
MOBILE NO:		•••••		
AADHAR NO. (OPTIONAL):				
TWO IDENTIFICATION MARKS:				
		•••••		



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STATEMENT AND DECLARATION

The candidate must make the statements required below prior Declaration appended there to his attention is specially directed	
1. State your Name in Full (In Block Letter):	
2. State your DOB and birth place	
3. Are you? Single/ Married/Widow/Widower:	
4. Name any major disease you have suffered from:	and the second s
5. Are you being treated for any disease at present:	POST SELECTED FOR:
6. Have any of your near relations been afflicted with insanity, to gout, excessive bleeding:	
7. Are you allergic to any substance/ drug:	?
8. Have you been immunized against the mentioned diseases (s	trike off whichever is not applicable)?
a) Hepatitis B: Yes/ No	autoritorio i anticolori cineri i in la colori dell'antico i i in la colori della c
b)Polio: Yes/ No	
c) Diphtheria: Yes/ No	
d) Tetanus: Yes/ No	
•	
f) Any Other Vaccination:	PAO IDENTIFICATION MARKS
All the above answers are to the best of my behalf, true a	

Candidate's Signature

Note: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information it will incur the risk of losing admission.



b) Hepatitis B: Yes/No c) Polio: Yes/No d) Diphtheria: Yes/ No	a) History of Vacc	ination:	favricel Everningston , it sherry's appr
Note: The candidate will be held responsible for the accuracy of the above tatement. By willfully suppressing any information it will incur the risk of losing dmission. Signed in the presence of Chairman of the Board	c) Polio: Yes/Nod) Diphtheria: Yese) Tetanus: Yes/ Nf) Tuberculosis: Y	s/No s/ No o es/ No	Concern! Appearate. It give without shoes) in care Volument shoes) in care Volument shoes) in the care Volument combined to the care of the care o
Note: The candidate will be held responsible for the accuracy of the above tatement. By willfully suppressing any information it will incur the risk of losing dmission. Signed in the presence of Chairman of the Board	ll the above answers are	to the best of my be	elief, true and correct.
Note: The candidate will be held responsible for the accuracy of the above tatement. By willfully suppressing any information it will incur the risk of losing dmission. Signed in the presence of Chairman of the Board			
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Signed in the presence of Chairman of the Board		_	a Clevelatory events
Signed in the presence of Chairman of the Board			· dannet siny organic leanurs
Signed in the presence of Chairman of the Board		*	
		Signed	



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REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:	4. Have you been immunized against the moutoer d discaye

DEPARTMENT OF GENERAL MEDICINE:

Physical Examination (Tick wherever appropriate)

General Appearance	Good		Fair	. Palastra	Poor
Height (without shoes) (in cm)					
Weight (without shoes) (in kg)			89-91-32	1 (10440)	1 (7
Pulse (rate/minute)		65%	97.81	math the	1 (6
Blood Pressure (mmHg) Systolic /Diastolic			1-1-1-1	carame?	19
Oral Hygiene	Good		Fair		Poor
Cyanosis	Presen	t		Absen	t
Pallor	Presen	t - 1111	的电子管	Absen	t 🕴
Icterus man beas agent, laifed	Presen	t de s	1 976 87	Absen	tain air II
Pedal Edema	Presen	t		Absen	t
Clubbing	Presen	t		Absen	t

General Examination:

Gene	al Examination.		
	Chest circumference:	E	
	After full inspiration	_ cm Expiration	cm
•	Respiratory system		
•	Circulatory system		statement
	Heart any organic lesions:		anizzimba
•	ECG (Please attach) date with comment _		adimission.
	Please mention place	2	
•	Nervous system		
bate	Loco Motor system (Any obvious abnorma	ality):	
•	Skin (any obvious disease)		
Rem	arks (if any)		

Signature, Name and Stamp of Faculty General Medicine



REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:	

Vision	Distant	vision	Near V	ision	Colo	r vision
	Without glasses	With glasses	Without glasses	With glasses	X	Abnorm
Left Eye						mud s
Right Eye					able Liver	gisq a
(c) Field of visi	olour vision: Nor on: Normal) Ab	normal (ment	nal (mention)		8791	abDi e
(d) Visual Acu	ity					
Remarks (if an	y)					
		Signature, N DEPARTME		-	Elijostras	myll e
Ears Inspection	n					
Hearing	Right l	Ear	Left	Ear:	disapupis	
Glands: Thyro	id					

Angle-Squint axis Hearing

F3.76	Normal	Abnormal
Left Ear)
Right Ear		

Remarks (if any)

Signature, Name and Stamp of Faculty ENT



Name of the Candidate	e:			yame of the Car
Ī	DEPARTMENT OF C	GENERAL SU	RGERY	
(a) Abdomen • Tenderness		vision With	Piscapt Without	
Hernia		Preza(a		
• Palpable Liver_				
SpleenKidneys Any other		rmal Absorps sormal (menti	our Aldont Kor a: Normal) Ab	(a) Any disease;(b) Detect is col(c) Field of visio(d) Visual Acult
(b) Genito Urinary sys				***************************************
Hydrocele				
Varicocele				
• Fistula • Hemorrhoids	me and Stamp of Eac VI OF ESSE	Signature, Na DEPARTME	ř.	
• Varicose vein				
(c) Lymphadenopathy	(palpable)			
Remarks				
				Remarks
Abnorma	Signature, Na	me and Stamp	of Faculty of C	General Surgery
			1	Встатья (П'яну



REGISTRAR OFFICE, ACADEMIC SECTION

Name of the	e Candidate:		Vanue of this Com
	DEPARTMENT OF	F OBSTRETRICS AND GYNAECOL	OGY
Gynecology	History and Examin	nation (for Female candidates):	Œ
•	Status- Single/marri	ied/widow	
•	Age at menarche:	Blood sample:	
•./	LMP:		
•	History of Polycystic	c ovarian syndrome (PCOS):	Yes/ No
•	Last visit to gynecol	ogist and reason of visit:	Yes/ No
• . •	Last whole abdomin	nal ultrasound done and indication:	Yes/ No
•	Past history of tuber	rculosis intake of /ATT:	Yes/ No
•	Past history of gyne	cologic surgery / intake of chemothera	py: Yes/No
•	Any obvious gyneco	logical abnormality Yes/ No	
		ars/ other deformities:	
(2) B	reasts and axilla for a	any evidence of Mass/abnormal discha	rge:
(3) A	bdomen examination		
Mens	strual cycle:		
A 25 51 13 P 1	th: Du	ration of flow: Regula	arity:

Signature, Name and Stamp of Faculty of Obstetrics and Gynecology



Name of the Candidate:	ne of the Cenelaterer
DEPARTMENT OF BIOC	CHEMISTRY/PATHOLOGY
Investigations (Attach All Reports)-	 Starns-Stagle-married/widow
 Ref. No. for Blood sample: Ref. No. for Urine sample: 	
c) RFT:	
d) Blood. Sugar:	
e) Blood group and Rh factor:	
Urine Examination:	
	. (1) Lymphadenopathy: Scars! officer dat
Remarks (mention if any major abnormal	(1) Breasts and a alla for any evidences
Signature, Name and	Stamp of Faculty Biochemistry/Pathology
Chest X Ray findings	
Reference no. & Date	
Comment:	•••••



Name of the Candidate:
FINAL ASSESSMENT OF THE STANDING MEDICAL BOARD (The Board should record their findings under one of the following three Categories)
1. Fit: Fit/ Unfit
2. Unfit on the following reasons
3. Temporarily Unfit on account of
Special medical board opinion (if required)
Member Secretary Standing Medical Board (Deputy Medical Supt.)
Chairman Standing Medical Board (Medical Superintendent)