



क.रा.बी.नि.
ESIC

कर्मचारी राज्य बीमा निगम
श्रम अने रोजगार मंत्रालय, भारत सरकार
कर्मचारी राज्य बीमा निगम
(श्रम और रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



सत्यमेव जयते

जनरल हॉस्पिटल, नरोडा / जनरल अस्पताल, नरोडा /
General Hospital, Naroda

नरोडा रेल्वे क्रॉसिंग पास, हिममतनगर हाईवे, पी.ओ. कुबेरनगर, अहमदाबाद, गुजरात-382340
Near Naroda Railway Crossing, Himmatnagar Highway,
PO-Kubernagar, Ahmedabad, Gujarat-382340
Phone: 079-22812235, Email: ms-naroda.gi@esic.gov.in
Website: www.narodahospital.esic.gov.in

No.: 373/A/17/13/Medical_Examination/2024-Estt.

Date: 20-08-2024

Office Order No.: 105/2024

In accordance with Memorandums (Offer of appointments) No. A-12014/1/2024-Med-VI dated 23.07.2024, the undersigned has constituted a Standing Medical Board, which is composed of the following members, in order to conduct a medical examination on newly appointed candidates in ESIC General Hospital Naroda.

1. **Chairman:** Medical Superintendent
2. **Secretary:** Assistant Medical Superintendent
3. **Member:** HoD of General Medicine Department
4. **Member:** HoD of Surgery Department
5. **Member:** HoD of Ophthalmology Department.

Encl: (1) Form of Medical Examination Report.
(2) Format of Medical Examination Certificate.

(Dr. Rakesh Soni)
Medical Superintendent

To,

1. The Concerned Officers, ESIC GH Naroda for information and with a request to conduct medical examination of newly appointed candidates at ESIC GH Naroda and to issue a certificate in attached prescribed format of certificate and for further necessary action.
2. All Head of Departments, ESIC GH Naroda for information & necessary action.
3. DNS (I/C), ESIC GH Naroda for information & necessary action.
4. The B.O. (F&A, General Branch), ESIC GH Naroda for information & necessary action.
5. IT Manager for uploading on website.
6. Rajbhasha Sakha, for Hindi translation.
7. File/Notice Board.



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MEDICAL EXAMINATION REPORT **ESIC General Hospital Naroda, Ahmedabad**

NAME OF THE CANDIDATE:

SELECTED FOR THE POST:

ROLL NO.:

Appointment letter No.:

Issued by.....date:.....

ADDRESS (PERMANENT):

.....

.....

TWO IDENTIFICATION MARKS:

1.....

2.....

Date:

(Candidate's Signature)

STATEMENT & DECLARATION OF THE CANDIDATE

(To be completed before medical examination)

Sl. No.	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			
• Any piles, fissure, hydrocele			
2.	If answer to any of the above is YES, Please give details		
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		
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	

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
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

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 hereby declare that 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 Gratuity and other pensionary benefits.

Date:

Signature of the Candidate (in presence of AMS)

Signature & Stamp of Assistant Medical Superintendent

DEPARTMENT OF GENERAL MEDICINE

Physical Examination (Tick wherever appropriate):

General Appearance	Good		Fair		Poor	
Height (without shoes) (in cm)						
Weight (without shoes) (in kg)						
Pulse (rate/minute)						
Blood Pressure (mmHg) Systolic /Diastolic						
Oral Hygiene	Good		Fair		Poor	
Cyanosis	Present			Absent		
Pallor	Present			Absent		
Icterus	Present			Absent		
Pedal Edema	Present			Absent		
Clubbing	Present			Absent		

General Examination:

- Chest circumference:
After full inspiration.....cm Expiration.....cm
 - Respiratory system.....
 - Circulatory system.....
 - Heart any organic lesions:.....
 - ECG (Please attach) date with comment.....
 - Please mention place
 - Nervous system.....
 - Loco Motor system (Any obvious abnormality):.....
 - Skin (any obvious disease):.....
- Remarks (if any).....

Signature, Name and Stamp of HoD (General Medicine)

DEPARTMENT OF OPHTHALMOLOGY

Vision	Distant vision		Near Vision		Color vision	
	Without glasses	With glasses	Without glasses	With glasses	Normal	Abnormal
Left Eye						
Right Eye						

(a) Any disease: Yes/No.....

(b) Detect in colour vision: Normal /Abnormal (mention).....

(c) Field of vision: Normal) Abnormal (mention).....

(d) Visual Acuity

Remarks (if any).....

Signature, Name and Stamp of HoD (Ophthalmology)

DEPARTMENT OF ENT & DENTAL

Ears Inspection:.....

Hearing Right Ear:.....

Left Ear:.....

Glands: Thyroid.....

Remarks:.....

Angle- Squint axis Hearing:

	Normal	Abnormal
Left Ear		
Right Ear		

Signature, Name and Stamp of HoD (ENT)

Conditions of Teeth:.....

Remarks (if any) :.....

Signature, Name and Stamp of HoD (Dental)

DEPARTMENT OF GENERAL SURGERY

(a) Abdomen

- **Tenderness**
- **Hernia**.....
- **Palpable Liver**.....
- **Spleen**.....
- **Kidneys**.....

Any other.....

(b) Genito Urinary system

- **Hydrocele**.....
- **Varicocele**
- **Fistula**.....
- **Hemorrhoids**.....
- **Varicose vein**.....

(c) Lymphadenopathy (palpable) Remarks.....

Signature, Name and Stamp of HoD (General Surgery)

DEPARTMENT OF OBSTRETRICS AND GYNAECOLOGY

Gynecology History and Examination (for Female candidates):

- Status- Single/married/widow:.....
 - GPAL:.....
 - LMP:.....
 - Any obvious gynecological abnormality: Yes/ No.....
 - Examination (Urine Pregnancy Test):.....
 - (1) Lymphadenopathy/ Scars/ other deformities:.....
 - (2) Breasts and axilla for any evidence of Mass/abnormal discharge:.....
 - (3) Abdomen examination.....
- Menstrual cycle:.....
- Length:.....Duration of flow:.....Regularity:.....

Signature, Name and Stamp of HoD (Obstetrics and Gynecology)

DEPARTMENT OF PATHOLOGY

Investigations (Attach All Reports)-

1. Ref. No. for Blood sample:

2. Ref. No. for Urine sample:

Hematology:

a) CBC:

b) LFT:

c) RFT:

d) Blood. Sugar (RBS/FBS):

e) HbA1C:

f) Blood group and Rh factor:

Urine Examination:

Remarks (mention if any major abnormalities):.....

Signature, Name and Stamp of HoD (Pathology)

Chest X Ray findings Reference no. & Date:.....

Comment:

FINAL ASSESSMENT OF THE STANDING MEDICAL BOARD
ESIC GH NARODA, AHMEDABAD

(The Board should record their findings under one of the following three Categories)

1. In view of above medical examinations (from page no. 04 to 09), it is certified that Shri /Smt./ Dr./Km..... a candidate selected for the post of, is MEDICALLY..... (FIT/ UNFIT/TEMPORARILY UNFIT -strike off whichever is not applicable).

2. Unfit on the following reasons.....

3. Temporarily Unfit on account of.....

Special medical board opinion (if required):.....

Board member	Signature with stamp
(Name:.....) Signature of HoD (Medicine)	
(Name:.....) Signature of HoD (Surgical)	
(Name:.....) Signature of HoD (Eye)	
(Name:.....) Secretary of Standing Medical Board (Assistant Medical Supt.)	
Chairman Standing Medical Board (Medical Superintendent)	



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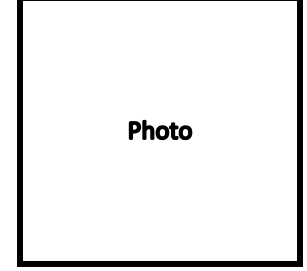
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No.:

Date:



Photo

MEDICAL EXAMINATION CERTIFICATE

It is certified that Dr./Mr./Ms./Mrs.....,
(Roll No.:....., Aadhaar No....., who is provisionally selected for the
post ofin Employees' State Insurance Corporation, has undergone a
medical examination by the Standing Medical Board and has been found to
be..... (fit/unfit/temporary fit) and free from any communicable or
contagious illnesses, constitutional weakness, and physical disability, with the
exception of.....

(Signature of Candidate)

(Chairman)
Standing Medical Board
ESIC General Hospital, Naroda
Ahmedabad, Gujarat