# APPELLATE MEDICAL BOARD REPORT FORMAT

**Roll No.** ..... **(To be filled in Triplicate)**

**For CMSE-2020**

**IRHS Rank**..... **Medical at Central Hospital..... Railway**

Photograph with Roll No. written on the back

(a) Candidate's statement and declaration.

Candidate must make the statement required below in his/her own hand writing prior to his Medical Examination and must sign the declaration 'appended thereto'. Their attention is specially directed to the warning contained in the Para 08 below:-

1. Name in full(in block letters) :

.....

2(a). Age : Date of Birth: Place of Birth:

.....

2(b). Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribals etc, whose average height is distinctly lower? Answer 'Yes' or 'No' and if the answer is 'Yes' state the name of the tribe race :

.....

3(a). Have you ever had small-pox intermittent or any fever, enlargement or suppuration of glands, spitting of Blood, asthma, heart diseases, lung disease, fainting attacks, rheumatism, appendicitis :

.....

Or

3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment :

.....

.....

3(c). Whether underwent any eye surgery (including Radial Keratotomy / Lasik/ Excimer etc.) at any time. If yes, details thereof :

.....

.....

3(d) (i) whether PwBD candidate - Yes/No

(ii) Mention Sub-category of Disability _____

(ex. OL, OA, BL, etc.)

4. Have you suffered from any form of nervousness due to overwork or any other causes

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5. Details of First Medical Board / Re-examination attended for CMSE-2020

Date: Place/ Hospital Result communicated

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Have you joined the said service/post.....

5.1 Are you enrolled for the PG course? If yes, give

details thereof.....

6

Present Address .....

.....

Mobile No..... ..... Email ID.....

7. Identification marks .....

8. All the above answers are to the best of my knowledge & belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. I am fully aware of the provisions of CMSE-2020 Rules. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my services would be liable to be terminated.

Candidate's Signature

Signed in my presence

Signature of the Chairman of the Board with date and stamp of the Board

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## (B) (To be filled by Appellate Medical Board)

1. Report of the Medical Board on (name of candidate)……..……

……...

2. The candidate was declared medically unfit by First Medical Board (FMB) on account of

……

……..……..……

3. The report of Appellate Medical Board on the area appealed against is as under:

Table for vision acuity when myopia is more than 4 D.

| Acuity of vision | Naked eye | With glasses | Strength of glasses | | |
|---|---|---|---|---|---|
| | | | | Cylindrical | Axis |
| Distant Vision R.E.<br>L.E. | | | | | |
| Near Vision R.E.<br>L.E. | | | | | |
| Hypermetropia (Manifest)<br>R.E.<br>L.E. | | | | | |

**In case of color blindness please state clearly whether the candidate is fit for services requiring High Grade Color perception or Low Grade Perception as per Annexure**

4. If there is any apparent deviations from the overall medical findings of the Ist Medical Board (especially w.r.t. candidate's declaration at Col.3(a)) the Appellate Medical Board may conduct the full medical examination and submit complete report and determine fitness of candidate.

5. Services for which the candidate has been found qualified for the efficient and continuous discharge of duties may please be indicated clearly by √ and services/posts for which he /she is considered unfit if any may also please be indicated clearly by × :-

**i) Indian Railway Health Service (ADMO)**

**ii) Indian Ordnance Factories Health Service (AMO)**

**iii) Central Health Service (Junior Scale Posts)**

**iv) New Delhi Municipal Council (GDMO)**

**v) Municipal Corporation of Delhi (GDMO Gr.II)**

Is the candidate fit for field service? ……

**NOTE : The Board should record their findings strictly in the following certificate**

**CERTIFICATE**

Shri_____, Roll No._____a candidate of CMSE-2020) who has appeared for his

Appellate Medical Examination/re-examination on …….. (date) is found to be

(i) Fit ……

(ii) Unfit on account of ……

(iii) In case of PwBD please mention the category/sub-category of disability i.e OA, OL, BL, etc. (please refer Appendix- III of CMSE Rules 2020 and ensure PwBD candidates meet with Functional Classification and Physical Requirements for identified services)

https://egazette.nic.in/WriteReadData/2020/220732.pdf

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Sign. of Member
with stamp
(containing name)
**If co-opted**

Sign. of Member
with stamp
(containing name)

Sign. of Member
with stamp
(containing name)

Sign. of Chairperson
with stamp
(containing name)

Date:

Place

**Roll No .....** (CMSE 2020)

**Annexure I**

**I. <u>Technical Services or posts requiring Higher Grade Colour Perception:-</u>**

i) Indian Railway Health Service (ADMO)

**II. <u>Technical Services or posts requiring Lower Grade Colour Perception:-</u>**
**(or Defective Higher Grade Colour Perception – DHGCP)**

(i) Indian Ordnance Factories Health Service (AMO)

(ii) Central Health Service (Junior Scale Posts)

(iii) New Delhi Municipal Council (GDMO)

(iv) Municipal Corporation of Delhi (GDMO Gr.II)

| | | |
|---|---|---|
| Sign. of Member<br>with stamp<br>(containing name)<br>**If co-opted** | Sign. of Member<br>with stamp<br>(containing name) | Sign. of Member<br>with stamp<br>(containing name) |

**Sign. of Chairperson**
**with stamp**
**(containing name)**