**MEDICAL BOARD REPORT FORMAT FOR CMSE- 2020 (PART-1)**

**(To be filled in Triplicate)**

**Name of Railway Hospital…….Place……**

Roll No……. IRHS Rank No……..

| **Proof of Govt. ID viz. Aadhar/Driving license /PAN etc.** |
|---|
| **Govt ID to be pasted here** |

Photograph of candidate to be affixed/pasted

**(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 Tribalsetc, 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 undergone any eye related procedure/ surgery (including RadialKeratotomy / Lasik/ Excimer etc.) at any time. If yes, details thereof :

……

3(d). Please indicate power of glass (If applicable)

In diopters_____

Distance Vision_____Near Vision_____

(Attach prescription if available).

3(e) (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

……

……

5. Have you been allotted to any service/posts on the basis of previous years exams? If yes, give details thereof

……

Have you joined the said service/ post……

5.1 **Are you enrolled for a PG course?** If yes, give details thereof:

……

Date of Commencement of Course……Date of Completion of Course…..

6. Furnish the following particulars concerning your family:-

| Father's age, if living & state of health | Father's age at death & cause of death | No. of brothers living, their ages & state of health | No. of brothers dead, their ages & cause of death | Mother's age , if living & state of health | Mother's age at death & cause of death | No. of sisters living, their ages & state of health | No. of sisters dead, their ages & cause of death |
|---|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| | | | | | | | |

Present Address ……..

…….

Mobile No…… Email ID ……..…….…

Mobile No. of Father/Guardian……..……Whatsapp No. …….

Identification marks …….

7. Details of medical examination conducted before, if any:-

(a) Place & Date of Medical Board .....

(b) Service(s)/Post(s) for which examined and year of Examination .....

(c) Result of Medical Board Examination if communicated or known. .....

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 Chairperson of the Board
with date and stamp of the Board

**MEDICAL BOARD REPORT FORMAT FOR CMSE- 2020 PART-2**

**(To be filled in Triplicate)**

**Name of Railway Hospital…….Place……**

Roll No……. IRHS Rank No……Signature of candidate……

**(b) Report of the Medical Board on (name of candidate)**

……

(Examiner to write and not merely Tick the correct choice)

Physical examination

1. General development: (Good/Fair/Poor)

…… ……..

Nutrition (Thin/Average/Obese) ……..

Height (without shoes) ..... Cms.

Weight .....kg

Temperature.....$^{o}$ C

Girth of chest :-

(i) (After full inspiration) .....Cms

(ii) (After full expiration).....Cms

2. Skin - Any obvious disease ……

…….

3. Eyes

i. Any disease ……

……..…….……

ii. Night Blindness …….

……..…….……..

iii. Colour vision (Higher Grade/Lower Grade)

iv. Field of vision

……..…….……..

……Method….……

v. Binocular vision ……..…….……

……..…….……

vi. Fundus Examination …..…….……

……..…….……..

vii. Visual Acuity

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

**MEDICAL BOARD REPORT FORMAT FOR CMSE- 2020 PART-2**

**(To be filled in Triplicate)**

**Name of Railway Hospital…….Place……**

Name:-……Roll No……IRHS Rank No……

4. Ears: Inspection ……

Hearing …… Right Ear ……..…

Left Ear ……

5. Glands …… Thyroid ……

6.Condition of teeth & gums……

7.Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?

……

If yes, explain fully ……

……

8.Circulatory system:

(a) Heart: Any organic lesions?

Rate /Minutes

Standing……/Minutes

After hopping 25 times……./Minutes

Two minutes after hopping……../Minutes

(b)Blood Pressure: Systolic……mm of Hg

Diastolic……mm of Hg

9. Abdomen: Girth…….Cms

(explain if any finding)

……

Hernia ……

(a) Palpable:

Liver …… Spleen ……..……..

Kidneys ……..……

Any Mass (explain)…….…….

……..

9.(b) Haemorhoids …….

Fistula ……

Nervous System: Indications of nervous or mental disabilities

……

(a) Motor ……..

(b) Sensory……..

Loco-Motor System: Any abnormality ……..

……

……

12(A) Genito Urinary System : Any evidence of Hydrocele, Varicocele etc.

Urine analysis (Lab. No… )

(a)Physical Appearance ……

…….

(b) Sp. Gravity ……..

(c) Albumin ……

(d) Sugar ……

(e) Casts……..……

(f) Cells……

12(B) *Gynae Examination (for female candidates only)

……

……

Sig. of Doctor

13. Report of X-ray examination of chest (X-ray No…….. )

14. Is there anything in the health of the candidate likely to render him unfit for the efficient discharge of his duties in the service for which he is a candidate?

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*NOTE: *In the case of a female candidate, if it is found that she is pregnant, she should be declared temporarily unfit, vide Regulation as per notification.*

## MEDICAL BOARD REPORT FORMAT FOR CMSE- 2020 PART-2

**(To be filled in Triplicate)**

**Name of Railway Hospital…….Place……**

Name:-……Roll No……IRHS Rank No……

15. 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 (erstwhile IRMS) (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 first medical examination/re-examination on …….. (date) is found to be

(i) Fit ……

(ii) Unfit on account of ……

(iii) Temporarily unfit on account of ……..

} (pl ensure this matches with findings of Column 14 at page 3

(iv) 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 and ensure PwBD candidates meet with Functional Classification and Physical Requirements for identified services)

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

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**:

**Annexure I**

**MEDICAL BOARD REPORT FORMAT FOR CMSE- 2020 PART-2**

**(To be filled in Triplicate)**

**Name of Railway Hospital…….Place……**

Name:-……Roll No……IRHS Rank No……

**I. Technical Services or posts requiring Higher Grade Colour Perception:-**

i) Indian Railway Health Service (erstwhile IRMS) (ADMO)

**II. Technical Services or posts requiring Lower Grade Colour Perception:-**
**(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
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)

**SPECIAL OPHTHALMIC MEDICAL BOARD REPORT FORMAT FOR CMSE- 2020**

**PART-3 (To be filled in Triplicate)**

**Name of Railway Hospital…….Place……**

Roll No……. IRHS Rank No…….Sign of candidate…….

**(c) Report of the Special Ophthalmic Medical Board of (name of candidate)**

……

1. Eyes

i. Any disease ……

…….....

**..... .....**

iii. Colour vision (Higher Grade/Lower Grade) , **Please attach Ishihara Test chart separately**

iv. Field of vision ……..……..……

……..Method…….……
……

v. Binocular vision ……..……..**.....**

vi. Fundus Examination …..…….……

……

vii. Please indicate whether Myopia is Pathological OR Non-Pathological

viii. In case of Myopia being Non-Pathological, the candidate may be declared fit provided he/she fulfills the visual Requirements otherwise as per CMSE Rules **pasted backside of this format**.

ix. Visual Acuity

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

x. Please indicate whether he/she is fit for IRHS/IRMS ; _____

xi.If unfit for IRHS/IRMS please indicate fitness for other services viz. IOFHS, CHS, NDMC, MCD_____

| Sign. of Member<br>with stamp(containing name)<br>**Ophthalmologist** | Sign. of Member<br>with stamp(containing name)<br>**Ophthalmologist** | Sign. of Chairperson<br>with stamp(containing name)<br>**Ophthalmologist** |
|---|---|---|

Regulations relating to the physical/medical examination of candidates contained in Appendix-III of CMSE-2020 Rules available at the following link may please be referred to for guidance:-

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

**Class of Service**

| | Indian Railway Medical Service (Technical) | | Service other than IRMS(Technical) | |
|---|---|---|---|---|
| | Better eye | Worse eye | Better eye (corrected vision) | Worse eye |
| **1 2** | **3** | **4** | **5** | **6** |
| 1. Distant Vision | 6/6 or 6/9 | 6/9 or 6/12 | 6/6 or 6/9 | 6/12, 6/18 or Nil |
| 2. Near Vision | J1 | J2 | J1 J2 | J2,J3 or Nil |
| 3. Type of Correction Permitted | Spectacles , IOL/corneal surgeries viz. (LASIK, excimer surgeries etc.) may be permitted. Vision should be stable and should come up to the required standard. Ophthalmic Board to clear fitness. | | | Spectacles, IOL LASIK laser surgery |
| 4. Limits of refractive error permitted | ±4.00D In case where power of lens is >-4D, a special ophthalmic Medical Board to clear the case ruling out Pathological Myopia | | Fundus is normal and without pathological Myopia | |
| 5. Colour vision Requirements | Higher grade colour perception (Ishihara test EGL—1.3 mm aperture) | | Low Grade Colour vision is acceptable. | |
| 6. Whether binocular vision needed? | Binocular vision is necessary in case of squint. In deserving cases, a special Ophthalmic Medical Board to clear cases on case-to-case basis. | | No | |

(d)(i) In respect of the Technical Services mentioned above and any other service concerned with the safety of public the total amount of Myopia(including the cylinder) shall not exceed -4.00 D total amount of Hypermetropia (including the cylinder) shall not exceed +4.00 D:

Provided that in case a candidate in respect of the "Technical" services is found unfit on ground of high myopia, the matter shall be referred to a Special Board of three ophthalmologists to declare whether this myopia is pathological or not **in case it is not pathological, the candidate shall be declared fit provided he/she fulfils the visual requirements otherwise.**

(ii) In every case of myopia, fundus examination should be carried out and the results recorded. In the event of pathological condition being present which is likely to be progressive and affect the efficiency of the candidate, he/she should be declared unfit.