



SOUTH CENTRAL RAILWAY

Office of the

No.

Dt:

CMD / SC

Sub: Medical Examination of the candidate and Employee -Nomination
of Medical Officer to conduct Medical Examination –at
_____Division.

A proposal to nominate / authorise Dr. _____
to conduct MEDICAL EXAMINATION of candidates and employees upto the
MEDICAL CATEGORY _____ at _____ Division.

PROFORMA-A

(1)	Name of Medical Officer	
(2)	Designation	
(3)	Place of Posting	
(4)	Division	
(5)	Date of appointment	
(6)	Length of Service	
(7)	Past experience of conducting Medical Examination	
(8)	If Yes Give Details	
	Medical Category	
	HQ Authority No.	
	Date from which he/she is conducting Medical Examination	
(9)	Proposal for the Medical Category to authorize to conduct Medical	

	Examination	
(10)	Medical Officer who has given training to proposed Medical Officer	
	Name	
	Designation	
(11)	Duration of training	
(12)	Place of training	

PROFORMA-B

CERTIFICATION OF MEDICAL OFFICER WHO HAS GIVEN TRAINING TO PROPOSED MEDICAL OFFICER

This is to certify that I Dr. _____ have given the _____ days requisite training to Dr. _____ to conduct the physical fitness medical examination of candidates and employees for the medical category of _____. I further certify that he has completed his training successfully; he is conversant with relevant rules and procedures to conduct Medical Examination. Now he can conduct medical examination of candidates and employees independently upto Medical Category_____.

Signature : _____
Name of trainer: Dr. _____
Designation : _____

PROFORMA-C

CERTIFICATION OF MEDICAL OFFICER WHO HAS UNDERGONE TRAINING TO CONDUCT MEDICAL EXAMINATION

This is to certify that I Dr. _____ have undergone training to conduct physical fitness medical examination of candidates and employees in medical category of _____. I have read relevant rules of medical examination in IRMM; I am fully conversant with the procedure of medical examination for medical category _____. I have received training at Division Hospital _____. Necessary training in this regard is given by Dr. _____, Designation_____.

Signature : _____
Name of Med. Officer: Dr. _____
Designation : _____

PROFORMA-(D)

INTEGRITY CERTIFICATE

This is to certify that integrity of Dr. _____
is beyond doubt.

Signature : _____

MD/CMS/Divl.Incharge:Dr. _____

PROFORMA-(E)

RECOMMENDATION

Certify that Dr. _____ is conversant with the rules regarding and procedure to conduct physical fitness medical examination of candidates and employees.

It is also certified that the above named Medical Officer is fit to conduct medical examination in medical category _____ of candidates and employees.

The Medical Officer's vision is as under:

Distant Vision	RE	-
	LE	-

Near Vision	RE	-
	LE	-

Color Vision

The Medical Officer's **color vision** is normal and there is no **night blindness**. He/she is recommended to be nominated / authorised to conduct the Medical Examination of candidates and employees for medical category _____ in terms of relevant IRMM rules.

Signature : _____

MD/CMS/Divl.Incharge:Dr. _____

