To,

The

Sub:- JOINING REPORT

Sir,

With reference to your letter No._________________________ dated
the________________ offering me the post of __________________ I hereby
report for duty in the forenoon/afternoon of ___________________________

Yours sincerely,

Signature of the candidate.

Place; Delhi __________________

Dated; ________________________  (Name of the candidate)

***********************
MEDICAL CERTIFICATE OF FITNESS ON FIRST ENTRY INTO GOVERNMENT SERVICE

I hereby certify that I have examined Shri/Smt./Kum. __________________ as a candidate for employment in the Central Pollution Control Board and can not discover that he/she has a disease (Communicable or otherwise), constitutional weakness or bodily infirmity except __________________, I do not consider this a disqualification for employment in the office of Central Pollution Control Board.

2. His/her age according to his/her own statement is __________________ years and by appearance about __________________ years.

Signature of the Candidate ____________________________

Signature

Name of the Chief Medical Officer/civil Surgeon
(With date & official seal)

Taken before :-

Name of the signing Authority:

Designation of the Officer:
PROFORMA – I

(A) Candidate's Statement/Declaration

The candidate must make the statement required below prior to his/her medical examination and must sign the declaration appended thereto.

1. State your name in full ____________________________________________
   (in block letter)
   State your age and birth place ______________________________________

2. (a) Do you belong to
       Scheduled Tribe or to
       races such as Gorkhas,
       Garhwalis, Assamese,
       Nagaland Tribes etc. whose
       average height is distinctly
       lower.

       Answer ‘Yes’ or ‘No’ and if
       the answer is ‘Yes’ State the
       name of the race.

3. (a) Have you ever had
       small-pox. Intermittent or
       any other fever, enlargement
       or suppuration of glands,
       spitting of blood, asthma, heart
       disease, lung disease, fainting
       attacks, rheumatism, appendicitis?

       OR

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

4. When were you
   last vaccinated?

5. Have you suffered
   from any form of
   nervousness due to
over work or any other cause?

6. Furnish the following particulars concerning your family:

<table>
<thead>
<tr>
<th>Father’s age if living and state of Health</th>
<th>Father’s age at death &amp; cause of death</th>
<th>Number of Brothers living, their ages &amp; state of health</th>
<th>Number of Brothers dead, their age and cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s age if living &amp; state of health.</th>
<th>Mother’s age at death &amp; cause of death</th>
<th>Number of sisters living, their ages &amp; state of health</th>
<th>Number of sisters dead, their ages &amp; cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Have you been examined by a medical Board/Civil Surgeon before?

8. If answer to the above is yes, please state what Service/Services you were examined for?

9. Who was the examining authority?

10. When and where was the Medical Examination held?

11. Result of the Medical Examination, if communicated to you or if known.
12. 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 the candidate unfit for employment under the Government. 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 the service of a person, his services would be liable to be terminated.

Candidate’s signature

Signed in my presence

Signature of the Chief Medical officer/Civil Surgeon
Report of the Chief Medical Officer/Civil Surgeon

(Name of the Candidate):  

**PHYSICAL EXAMINATION**

1. General Development: Good ................ Fair .................. Poor ......................

   Nutrition: Thin ................ Average ................. Obese ....................

   Height (without shoes): ...................................... Weight ..................

   Any recent change in weight? ................................ Temperature .................

   Girth of Chest: -

   (a) (After full inspiration)

   (b) (After full expiration)

2. Skin: Any obvious disease

3. Eyes: (1) Any disease

   (2) Night Blindness

   (3) Defect in colour vision

   (4) Field of vision

   (5) Visual Acuity

   (6) Fundus examination

<table>
<thead>
<tr>
<th>Acuity of Vision</th>
<th>Naked eye</th>
<th>With glasses</th>
<th>Strength of glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near Vision</td>
<td>R. E.</td>
<td>L. E.</td>
<td></td>
</tr>
</tbody>
</table>

   Hypermetropia (Manifest)

   R. E.  

   L. E.

4. Ears: Inspection .................... Hearing Right Ear ..........................

   Left Ear ..........................

5. Glands .................................. Thyroid ..................................

6. Condition of teeth ..........................

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? If yes, explain fully.
CIRCULATORY SYSTEM

8. (a) Heart: Any organic lesions?

Rate ........................................... Standing ..........................................

After hopping 25 times .................................................................
2 minute after hopping ...............................................................

(b) Blood pressure: Systolic ...................... Diastolic .........................

9. Abdomen: Girth ....................... Tenderness .......................... Hernia

(a) Palpable: Liver ............ Spleen .......... Kidneys .......... Tumors ..........
(b) Haemorrhoids .................................. Fistula

10. Nervous system: Indications of nervous or mental disability

11. Loco-Motor System: Any abnormality ........................................

12. Genito Urinary Any evidence of Hydrocele ................................
    System: varicocele etc ..............................................................
    (a) Physical appearance ................. (b) Sp. Gr. ...........................
    (c) Albumin .................................. (d) Sugar ...........................
    (e) Casts ..................................... (f) Cells ..............................

13. Is there anything in the Health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate?

Note: In the case of a female candidate, if it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit, vide regulations 9.

14. (i) State the Services for which the candidate has been examined.
    (a) Central Pollution Control Board -

    (ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his/her duties in.
        (a) Central Pollution Control Board’s service.
        (b) Other Central Services, Group A and B.
        (iii) Is the candidate fit for Field Service.
Note: - (I) The Chief Medical Officer/Civil Surgeon should record his findings under one of the following three categories:

(i) Fit

(ii) Unfit on account of ..............................................................

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

Note (II): The candidate has not undergone chest X-Ray test. In view of this, the above findings are not final and are subject to the report on chest X-Ray test.

Place : Signature:

Date : Name of the Chief Medical Officer (CMO)/Civil Surgeon
(With date and official seal)
PROFORMA –II

Candidate’s Statement/Declaration

1. State your Name : (in block letter)

Candidate’s Signature

Signed in my presence

Signature of the Chief Medical Officer/Civil Surgeon

To be filled-in by the Chief Medical Officer/Civil surgeon

Note (I) The Chief Medical Officer/Civil Surgeon should record his findings under one of the following three categories in respect of chest X-ray test of the candidate.

Name of the candidate ..........................................................

(i) Fit
(ii) Unfit on account of
(iii) Temporarily unfit on account of

Place : Signature:

Name of the Chief Medical Officer/Civil Surgeon
(With date and official seal)
DECLARATION REGARDING MARRIAGE

I declare as under:-

(i) That I am unmarried/a widower/a widow;
(ii) That I am married and have only one spouse living;
(iii) That I have entered into for contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed;
(iv) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

Date________________________ Signature of the Candidate.

Please delete clause/clauses not applicable.
DECLARATION

I, ______________________ S/o/D/o ______________________ solemnly affirm and take an oath of allegiance/faith fullness to the constitution of India.

Date: ___________ Signature of the Candidate.

DECLARATION

I, ______________________ S/o/D/o ______________________ hereby certify and affirm that I have never been prosecuted for any criminal offence and nor there is any criminal case pending against me in any court of law.

Date: ___________ Signature of the Candidate.
INDIAN OFFICIAL SECRETS ACT

I _______________ S/o/D/o ________________
residence of ____________________________
District ____________________________ hereby certify that I have been made
acquainted with the provision of the Indian Official Secrets Act, 1923 (XIX of 1923) and that I
understand that I am liable in case of breach of official trust to the penalties detailed in the Act.

Station:

Dated:

Signature ______________________________

Signature of A O (P) _____________________
**II. TO BE FILLED BY CETNRAL BOARD EMLOYEE ON FIRST EMPLOYMENT.**

<table>
<thead>
<tr>
<th>Close relation who are national of or are domiciled in other countries</th>
<th>Name</th>
<th>Nationality</th>
<th>Present Address</th>
<th>Place of Birth</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Wife/Husband</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Son(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Daughter(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Brother(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Sister(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If in Public Service, give full particulars regarding designation of the post, held name of department/office etc., where employed and the date of such employment.

<table>
<thead>
<tr>
<th>Close relation in resident in India, who are non-Indian origin.</th>
<th>Name</th>
<th>Nationality</th>
<th>Present Address</th>
<th>Place of Birth</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Wife/Husband</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Son(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Daughter(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Brother(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Sister(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Signature __________________________

Designation __________________________

Date __________________________

**NOTE:**

01. Suppression of information in this form will be considered a major extend to dismissal from service.

02. Subsequent changes if any, in the above data should be reported to i.e. head of Office/Department, at the end of each year.
CHARACTER CERTIFICATE

Certify that Sh./Smt./Kum. ___________________________ S/o/D/o
Sh. ___________________________ resident of ___________________________
_________________________________________________________ is known to me for the last
________________________ years __________________________ month and that to be best of my
knowledge and belief he/she bears a good moral character. I have no relation with him/her.

I wish him/her all success in his/her life.
CHARACTER CERTIFICATE

Certify that Sh./Smt./Kum. ___________________________ S/o/D/o
Sh. ___________________________ resident of ___________________________
______________________________ is known to me for the last
______________________________ years ___________________ month and that to be best of my
knowledge and belief he/she bears a good moral character. I have no relation with him/her.

I wish him/her all success in his/her life.