

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:

Father's age if living and state of Health	Father's age at death & cause of death	Number of Brothers living, their ages & state of health	Number of Brothers dead, their age and cause of death
Mother's age if living & state of health.	Mother's age at death & cause of death	Number of sisters living, their ages & state of health	Number of sisters dead, their ages & cause of death

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

Acuity of Vision	Naked eye	With glasses	Strength of glasses		
			Sp.	Cyl.	Axis
Distant Vision	R. E. L. E.				
Near Vision	R. E. L. E.				

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 System: Any evidence of Hydrocele
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 - Group A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ.
- (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 Shri/Smt.....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 life time 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 SECRET ACT

I, _____ S/o / D/o _____
 resident 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 I am liable for in case of breach of official trust to the
 penalties detailed in the Act.

Station: _____

Date : _____

Signature _____

Name: _____

Signature of AO(P) _____

CENTRAL CIVIL SERVICES (CONDUCT) RULES

I, _____ S/o / D/o _____
 resident of _____
 District _____ hereby certify that I have been
 made acquainted with the provision of the Central Civil Services (Conduct) Rules, 1964
 and that in case of non-adherence to the provisions of above said Rules, I understand
 that I am liable for the penalties detailed under the relevant Rules.

Station: _____

Date : _____

Signature _____

Name: _____

Signature of AO(P) _____

II. TO BE FILLED BY CETNRAL BOARD EMLOYEE ON FIRST EMPLOYMENT.

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

* 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.

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

I certify that the forgoing 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.

