



JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION

RESHAM GHAR COLONY, BAKSHI NAGAR, JAMMU - 180001

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Subject: Conduct of Medical Examination of candidates who have qualified J&K Combined Competitive (Mains) Examination 2021.

Ref: Communication No. MB/SMHS/13681-82 Dated:28.01.2023 from Medical Superintendent, Govt. SMHS Hospital, Srinagar.

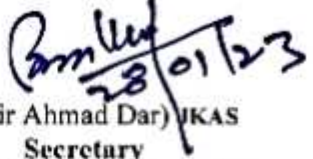
Notice Dated:28.01.2023

In continuation to Notice dated: 27.01.2023 & in pursuance to SRO 103 of 2018 dated 23.02.2018 as amended from time to time, the below listed candidates are directed to report to Medical Superintendent SMHS Hospital, Srinagar for Medical Examination:-

SNo	Roll No	Name of the Candidate	Reporting Date
1.	9105635	Sana Fayaz	31.01.2023 (Tuesday) at 10.00 AM
2.	9106441	Saqib Rashid Dar	
3.	9105717	Manan Bhat	
4.	9105686	Saima Ahad	
5.	9103924	Tafheem Firdous	
6.	9108416	Himayoon Majeed Mir	
7.	9107084	Rakhshan Peerzada	
8.	9100128	Yawar Nissar Khan	
9.	9101967	Afeer Jalal Khan	
10.	9105028	Darafshan Aiman Shakeel	
11.	9103116	Bazila Javid	
12.	9125993	Mohammad Muneeb Bhat	
13.	9109555	Ahtesham Ahmad Khan	
14.	9100654	Zahid Rehman	
15.	9119250	Aeshal Nisar	
16.	9108338	Zarqa Naquib	01.02.2023 (Wednesday) at 10.00 AM
17.	9102311	Syed Aabid Shah	
18.	9103777	Nadia Shameem	
19.	9110075	Ishaan Aziz	
20.	9103023	Samiya Shah	
21.	9104101	Syed Nazeef Ul Hassnain	
22.	9105758	Reyaz Ahmad Rather	
23.	9126596	Nazir Ahmad Bijran	
24.	9106753	Yasir Farooq Baig	
25.	9103087	Hafsa Mohiudin	
26.	9109365	Syed Intisaam Bukhari	
27.	9105523	Lateef Ahmad Mantoo	
28.	9109457	Sharafat Nawaz	
29.	9102200	Aabid Hussain Lone	

Further, the candidates shall bring 10 passport size photographs for carrying out necessary investigations. The candidates will have to pay a fee, as prescribed, before Medical examination.

The above listed candidates who wish to appear for Medical Examination at GMC, Jammu, may report on the date shown against him/her, in the notice dated:27.01.2023.


(Bashir Ahmad Dar) JKAS
Secretary
J&K Public Service Commission
Dated: 28.01.2023

No: PSC/Ex-Secy/28/2019

Copy to the:-

1. Principal, Government Medical College Srinagar.
2. Principal, Government Medical College Jammu.
3. Medical Superintendent, Government, SMHS Hospital, Srinagar
4. Private Secretary to Chairman, J&K Public Service Commission for information of the Hon'ble Chairman.
5. PA to Controller of Examinations, J&K Public Service Commission.
6. In-charge website, J&K Public Service Commission.
7. Notice Board /Main file/Office file.

Annexure iii

Space for Particulars

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below:

1. State your name in full.
2. State your age and birth place.
3. (a) have you ever had small pox intermittent or any other fever, enlargement of suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, or appendicitis.
(b) any other disease or accident requiring confinement to bed, and medical or surgical treatment.

OR

- (c) have you ever been rejected by a medical Board or a duly constituted Medical Authority?
4. When were you last vaccinated?
5. Have you or any of your nearer relations been affected with consumption, scrofula, asthma, fits, epilepsy, or insanity?
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Furnish the following particulars concerning your family:

I	II	III	IV
Father's age if living and state of health	Father's age at death and cause of death	Number of brothers living, their age and state of health	Number of brothers dead, their age and cause of death

V	VI	VII	VIII
Mother's age if living and state of health	Mother's age at death and cause of death	Number of sisters living, their age and state of health	Number of sisters dead, their age and cause of death

I declare all the above answers to be, to the best of my belief, true and correct and accept the findings of the Board as final.

Candidate's Signature

MEDICAL EXAMINER'S REPROT:

Question	Answers	Remarks
1. Has the declaration of the preceding page been signed by the candidate?		
2. Are there any evidences of malformation congenital or acquired ?		
3. Is he free from scars and has he the full use of all limbs?		
4. Are there any indications of a decided cachetic or diathetic state of constitution?		
5. Are there any signs of disease of the nervous system ?		
6. Is the hearing good? Is there any sign of any ear disease?		
7. Has the candidate been vaccinated within the last 12 months ?		
8. What is the candidate's vision? R.E.V. with glass. Reads. L.E.V. with glasses. Spectacles if any R.E.L.E.		
9. Is the candidate free from stammer or other serious defect in speech ?		
10. Are there any signs of disease of the bones, joints or parts connected therewith?		
11. Is there any serious infection of the skin?		
12. (a) Is the heart and arteries healthy ? (b) Blood pressure- Systolic/Diastolic?		
13. Has the candidate haemorrhoids, varicose or other affection of veins?		
14. Is there any sign of disease of the digestive organs?		
15. Are there any signs of disease of the respiratory organs?		
16. Is the candidate free from rapture?		
17. Is there any indication of disease of the genital organs?		
18. (A) Is the urine free from:		

(1) Albumen (2) Sugar	
(B) Is the urine otherwise normal?	
19. 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 is a candidate?	
20. Do you consider the candidate in all respects qualified for the efficient and continuous discharge of his/her duties in the service for which he/she is a candidate?	
(I)	Height without shoes,
(II)	Girth of Chest (full inspiration).
(III) Weight	
	President.
	Member.
	Member.
Dated:.....	

Note 1- The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information, he will incur the risk of losing the appointment and, if appointed of forfeiting all claims to superannuation allowance or gratuity.

Note 2- A candidate for direct recruitment should attach with the prescribed application a treasury receipt for an amount of Rs.100 on account of Medical Examination fee which shall not be refundable in the event of the candidates failing to be selected by the Medical Board.

Annexure IV

The candidate must take the statement required below prior to his Medical Examination and must sign the Declaration appended thereto. His/her attention is specially directed to the warning contained in the Note below :-

1. State your name in full (in block letters)
2. State your age and birth place
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?
- (b) any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. When were you last vaccinated?.....
5. Have you or any of your near relations been affected with consumption, scrofula, gout, asthma, fits, epilepsy, or insanity?
6. Have you suffered from any form of nervousness due to over-work or any other cause?
7. Furnish the following particulars concerning your family:-

I	II	III	IV
Father's age if living and state of health	Father's age at death and cause of death	Number of brothers living, their age and state of health	Number of brothers dead, their age and cause of death

V	VI	VII	VIII
Mother's age if living and state of health	Mother's age at death and cause of death	Number of sisters living, their age and state of health	Number of sisters dead, their age and cause of death

8. Have you been examined by a Medical Board before?
9. If answer to the above is yes, please state what service/services you were examined for?
10. Who was the examining authority?
11. When and where was the Medical Board held?
12. Result of the Medical Board's Examination if communicated to you or if known?

I declare all the above answers to be, to the best of my belief, true and correct.

Candidate's Signature.....

Signed in my presence.

Signature of the Chairman of the Board.

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information, he/she will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to Superannuation Allowance or Gratuity.

(b) Report of Medical Board on (name of candidate) physical examination.

1. General development:- Good.....Fair..... Poor.....
 Nutrition: Thin.....Average..... Obese.....
 Height (Without shoes)..... Weight.....
 Best Weight..... Any recent change
 in weight Temperature.....
 Girth of Chest:-

(1) (After full inspiration)
 (2) (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

Acuity of vision Naked eye With glasses Strength of glass
 Sph. Cyl. Axis

Distant Vision RE
 LE
 Near Vision RE
 LE

Hypermetropia (Manifest) RE/LE

4. Ears Inspection.....Hearing Right Ear.....
 Left Ear.....

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

6. Condition of teeth.....

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

8. Circulatory System:-

(a) Heart : Any organic lesions ? Rate
 Standing.....

(After hopping 25 times.....
 2 minutes after hopping.....

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

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

Hernia.....

(a) Palpable : Liver.....Spleen.....
 Kidneys.....Tumours.....

- (b) Hemorrhoids.....Fistula.....
- 10. Nervous system: Indication of nervous or mental disabilities.
- 11. Loco-Motor System: Any abnormality.....
- 12. Genito Urinary System: Any evidence of Hydrocele, Varicocele etc.

Urine Analysis:-

- (a) Physical appearance.
- (b) Sp. Gr.....
- (c) Albumen.....
- (d) Sugar.....
- (e) Castes.....
- (f) Cells.....
- 13. Report of X-Ray Examination of Chest.
- 14. 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:- The Board should record their findings under one of the following three categories:-

- (i) Fit.
- (ii) Unfit on account of
- (iii) Temporary unfit on account of

Place.....

Chairman.....

Member.....

Member.....

Dated.....