

RASHTRIYA MILITARY SCHOOL BENGALURU

PRESS NOTE

DIRECT RECT TO GP 'C' (LDC) POST

1. Based on the result of the written exam of Direct Rect to Gp 'C'(LDC) post held at Rashtriya Military School Bengaluru on 24 Mar 2024 and skill test held on 30 Mar 2024, the following candidates are in order of merit, and selected for appointment for the post as mentioned below:-

S.No	Post	Cat	Selected Roll No
(a)	LDC	UR	192
(b)	LDC	SC	549

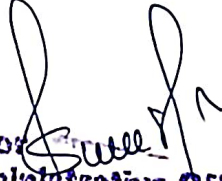
General Instructions:-

2. Before assuming the charge of duties, you will be required to take prescribed oath of allegiance to the Constitution of India and produce the following certificate in original along with two sets of self attested copies to this office:-

- Medical Certificate of Fitness (Format attached).
- Class XII/PUC/HSC/Marks card and Pass certificate
- SSLC/SSC/Class X Marks card and Pass certificate.
- Caste certificate in respect of SC/ST/OBC/EWS.
- Relieving Order from the present employee (if applicable).
- Aadhaar card and 10 x Passport size Photographs of the individual.
- 03 x Family Photographs.
- 02 x Character vouching certificated from the two different Gazetted Officers (Format attached).

3. You are requested to respond your acceptance for the appointment on or official email id (rmsbengaluru@gmail.com). In case no communication is received from you on or before **06 Apr 2024**, it will be presumed that you are not interested in the appointment and your candidature will be treated as cancelled.




Major Sule
Administrative Officer
Rashtriya Military School
Bengaluru

FORM OF MEDICAL CERTIFICATE FOR NON GAZETTED APPOINTMENTS

In the case of candidates for employment in Non Gazetted posts, the medical certificate of fitness shall be in the following form:-

I hereby certify that I have examined _____ a candidates for employment in the Ministry / Department / Office _____ and cannot discover that he has any disease (communicable or otherwise) constitutional weakness or bodily infirmity, except _____. I do consider / do not consider this a disqualification for employment in the post of _____ employee is according to his / her own statement _____ years and by appearance about _____ years.

Date: -

Signature of Medical Officer

In cases where a Medical Board considers that a minor disability disqualifying a candidate for Government service can be cured by treatment (medical or surgical) a statement to that effect should be recorded by medical board. There is no objection to candidate being informed of the Board's opinion to this effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another medical board.

In the case of candidates who are to be declared 'temporarily unfit' the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period these candidates should not be declared temporarily unfit for a further period but a final decision in regard to their fitness for appointment or otherwise should be given.

(A) Candidate's statement and declaration

The candidate must make the statement required below prior to his/her 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
2. (a) Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribals, 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 smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis?
OK
- (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 overwork 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 and cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at death and cause of death
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Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and cause of death
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7. Have you been examined by a Medical Board before?

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 Board held ?

11. Result of the Medical Board's examination, if communicated to you or if known

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

Candidate's signature

Signed in my presence

Signature of Chairman of the Board

Note:— The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he/she will incur the risk of losing the appointment and, if appointed, of forfeiting all claim to superannuation allowance or gratuity.

Report of the Medical Board on (name of candidate) physical examination

General Development: Good Fair Poor
 Nutrition: Thin Average Obese
 Height (without shoes): Weight: Any recent change in weight:
 Best weight: When: 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
- (6) Fundus examination

Acuity of vision	Naked eye	With glasses	Strength of Glasses		
			Sph.	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

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

Kidney

Tumors

(b) Hemorrhoids

Fistula

10. Nervous System : Indications of nervous or mental disabilities

11. Loco-Motor System : Any abnormality

12. Genito-Urinary System : Any evidence of Hydrocele, Yuricocoe etc

Urine Analysis

E

(a) Physical appearance

(b) Sp. Gr.

(c) Albumin

(d) Sugar

(c) Casts

(f) Cells

13. Report of Screening/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 - 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 Regulation 9-(Appendix No. 1) M/o Health O.M. No. F5-15/71, JMA dtd. the 5th October, 1971.

15. (i) State the Service for which the candidate has been examined

- (a) Indian Administrative Service & Indian Foreign Service
- (b) IPS & Delhi-Himachal Pradesh Police Service
- (c) Central Service, Class I & II
- (d) Indian Forest Service

(ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his/her duties in-

- (a) Indian Administrative Service & Indian Foreign Service
- (b) IPS and Delhi-Himachal Pradesh Police Service

(see specially height, chest, eye sight, colour blindness and locomotive system)

(c) Transportation, Traffic & Commercial Departments of the Indian Railways

(see specially height, chest, eye sight, colour blindness)

(d) Other Central Services Class I & II

(e) Indian Forest Service

(iii) Is the candidate fit for FIELD SERVICE

NOTE - The Board should record their findings under one of the following three categories

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

Place

Date

Chairman

Member

Member

IDENTITY CERTIFICATE

Certificate to be signed by any one of the following :

- (1) Gazetted officers of Central or State Government :
- (2) Members of Parliament or State Legislature belonging to the constituency where the candidate or the Parent/Guardian ordinarily reside :
- (3) Sub-Divisional Magistrate / Officers:
- (4) Tehsildar or Dy. Tehsildar authorised to exercise magisterial powers :
- (5) Principal / Headmaster of the recognised School / College / Institution where the Candidate studied last:
- (6) Block Development Officer :
- (7) Post Master :
- (8) Panchayat Inspectors:

IDENTITY CERTIFICATE

Certified that I have known Shri / Shrimati / Kumari _____
Son / daughter of Shri _____ for the last _____ years _____ months
and that to the best of my knowledge and belief the particulars furnished by him / her are correct.

Signature :

Designation or Status and address :

Place :

Date :

(TO BE FILLED BY THE OFFICE)

(1) Post for which the candidate is being considered:

(2) Name, designation and full address of the appointing authority:

Signature :

Name :

Designation or Status and address & Stamp :

Place :

Date :
